



# Covid-19 Social Study

## Results Release 30

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## Executive summary

### Background

This report provides data from the last 46 weeks of the UK COVID-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this THIRTIETH report, we focus on psychological responses to the first forty-six weeks since just before the first UK lockdown was announced (21/03/2020 to 07/02/2020). We present simple descriptive results on the experiences of adults in the UK. Measures include:

1. Reported compliance with government guidelines and confidence in the government
2. Mental health including depression, anxiety and stress
3. Harm including thoughts of death or self-harm, self-harm and both psychological & physical abuse
4. Psychological and social wellbeing including life satisfaction, loneliness and happiness
5. **\*\*\*New in this report\*\*\*** life differences between 2020 and 2021 lockdowns, and Brexit and COVID-19 stress

This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary weights to the national census and Office for National Statistics (ONS) data. Full methods and demographics for the sample included in this report are reported in the Appendix and at [www.COVIDSocialStudy.org](http://www.COVIDSocialStudy.org).

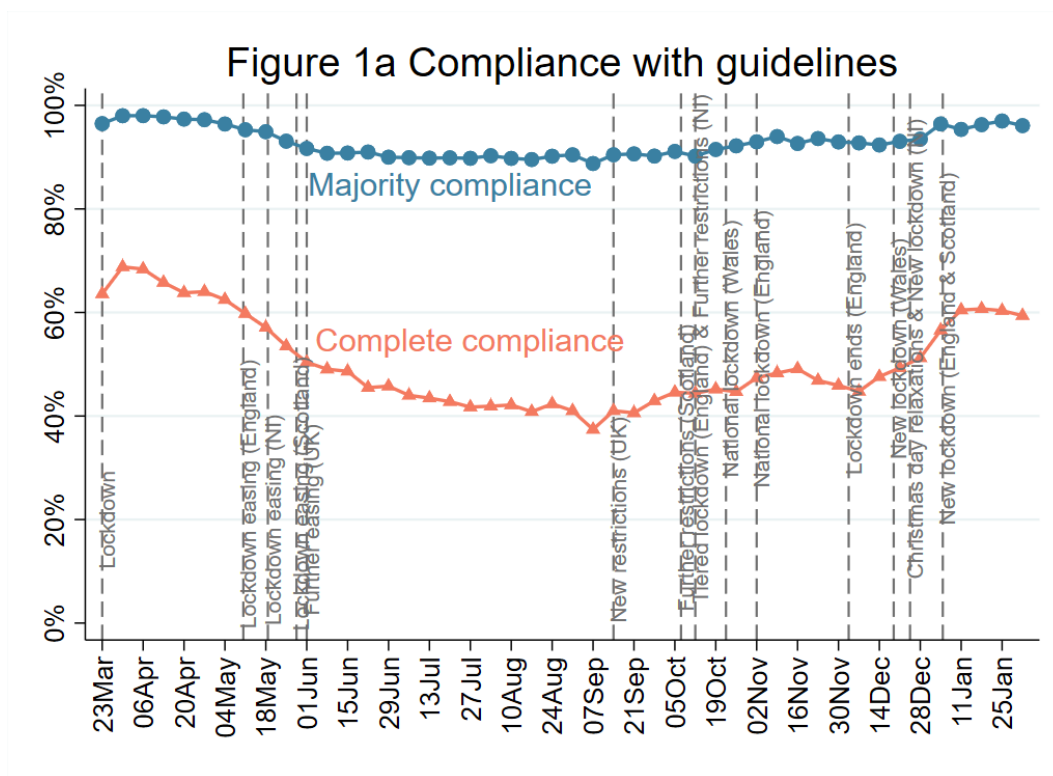
### Findings

- Brexit is causing more concerns for young people than COVID-19. Nearly half (42%) of young adults report being stressed about Brexit, which is more than the proportion of young adults who report being worried about catching COVID-19 (32%) and becoming seriously ill from it (22%).
- Amongst all adults, nearly one in three reported being stressed about Brexit since Christmas, with 1 in 10 people reporting that Brexit or the impact it could have on their lives was constantly on their minds or keeping them up at night. Comparable levels of Brexit stress were reported amongst women and men, and in Wales and England, but levels were higher in Scotland; the only nation in which Brexit stress was higher than stress about becoming seriously ill from or catching COVID-19.
- People with higher incomes reported that Brexit was a major source of stress more often than those with lower incomes, but people with lower incomes were more worried about catching and falling seriously ill from COVID-19 than people with higher incomes. Major stress about catching COVID-19 is highest in older adults (aged 60 plus), but adults in this age group and those aged 30-59 reported being similarly worried about falling seriously ill from the disease.
- Stress about catching or becoming seriously ill from COVID-19 is similar to what it was in the autumn, having decreased from a peak in late December. Worries about accessing sufficient food have slightly decreased in the past several weeks but are still affecting approximately 1 in 10 people.
- Financial concerns and worries about unemployment are still comparable to what they were in the summer. They remain highest amongst young adults, those from ethnic minority backgrounds, and people living with children.
- The latest 2021 lockdown is causing more upheaval to people's lives than the first lockdown of 2020. One in four reported that their lives are completely different from usual in 2021, compared to 18% in 2020. Young adults continue to report the greatest differences in their lives compared to pre-pandemic, and the number reporting their lives as being completely different has increased from 23% in 2020 to 31% in 2021.
- Women are being impacted more by the current lockdown than men, with 27% saying their lives are completely different compared to before the pandemic, which is higher than the 21% reporting this level of difference in 2020. As with the first lockdown in 2020, people with higher household income continue to experience more life differences than people with lower household income.
- Compliance continues to be at its highest levels since May of 2020. Majority compliance is being reported by 96% of people, while complete compliance (no bending of the rules) by 3 in 5 people. However, compliance has stopped improving for now, maintaining a steady rate for the past few weeks.
- Confidence in the central government to handle the COVID-19 pandemic remains lowest in England, but has increased slightly in England, Wales, and Scotland over the last several weeks. Young adults, people from ethnic minority backgrounds, and people living in urban areas continue to have lower levels of confidence in government.

- The pandemic continues to adversely affect mental health. Happiness levels are at an all-time low during the pandemic in the UK, life satisfaction is at its lowest since the spring of 2020, and depression and anxiety levels have generally been worsening since the summer, with clear increases after the announcement of the third lockdown. Young adults (aged 18-29), women, people with lower household income, people with a long-term physical health condition, people from ethnic minority backgrounds, and people living with children remain the most affected by symptoms of depression and anxiety.
- Loneliness levels are the highest they have been since the first lockdown and have been increasing since the introduction of the latest lockdown. The greatest increases in recent weeks have occurred in people living alone, those with a mental health condition, and people from ethnic minority backgrounds.

# 1. Compliance and confidence

## 1.1 Compliance with guidelines



### FINDINGS

Respondents were asked to what extent they are following the recommendations from government such as social distancing and staying at home, ranging from 1 (not at all) to 7 (very much so). Of note, we ask participants to self-report their compliance, which relies on participants understanding the regulations. Figure 1 shows the percentage of people across the whole of the UK who followed the recommendations “completely” (with a score of 7) or to a large extent (with a score of 5-7; described below as “majority” compliance).

**Compliance has stayed consistently high since the start of the year as new lockdowns were announced across the UK and is now as high as it was at the end of the strict lockdown in the UK in May 2020.** However, compliance has stopped improving for now, maintaining a steady rate for the past few weeks.

Complete compliance (i.e. following them with no bending or even minor infringements) is being reported by 3 in 5 people. Across demographic groups, patterns of complete compliance remain as they were for the last few months though, with compliance lower in higher income households, amongst keyworkers, in urban areas, amongst men, amongst those in ethnic minority groups, and amongst people in good physical health.

Majority compliance continues to be reported by 96% of people, with consistent patterns across the latest lockdown present in all major demographic groups (Figures 2m-2x).

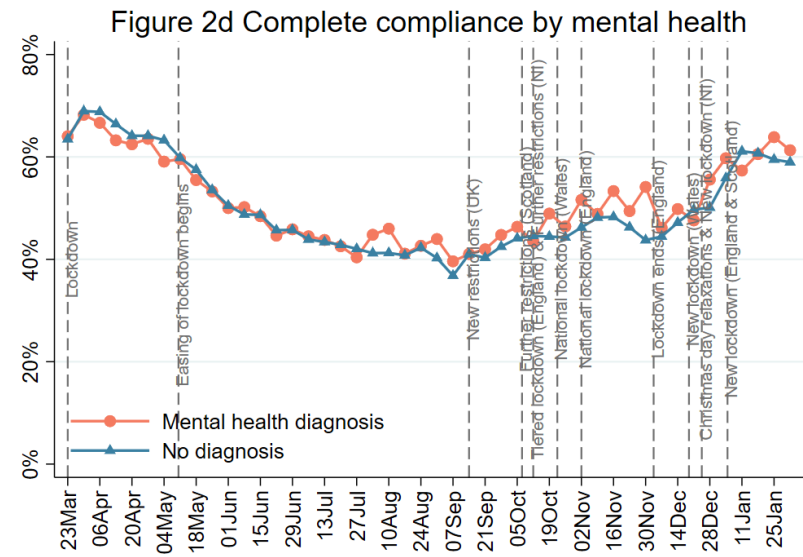
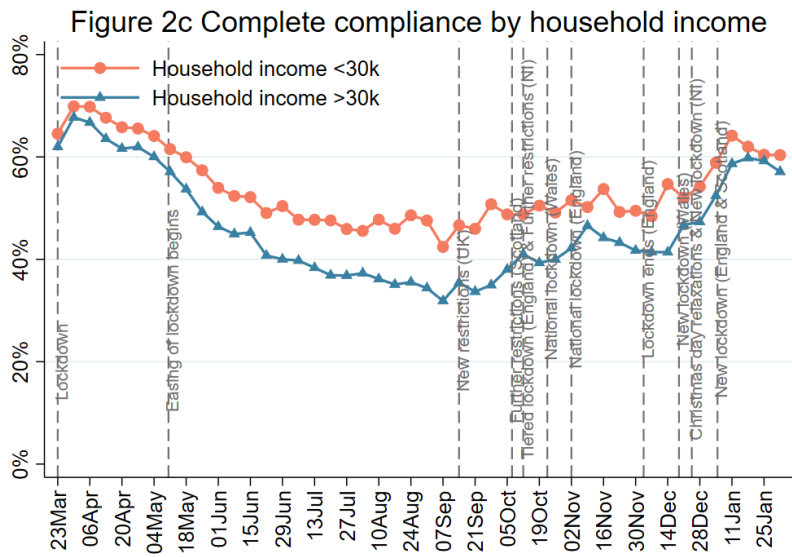
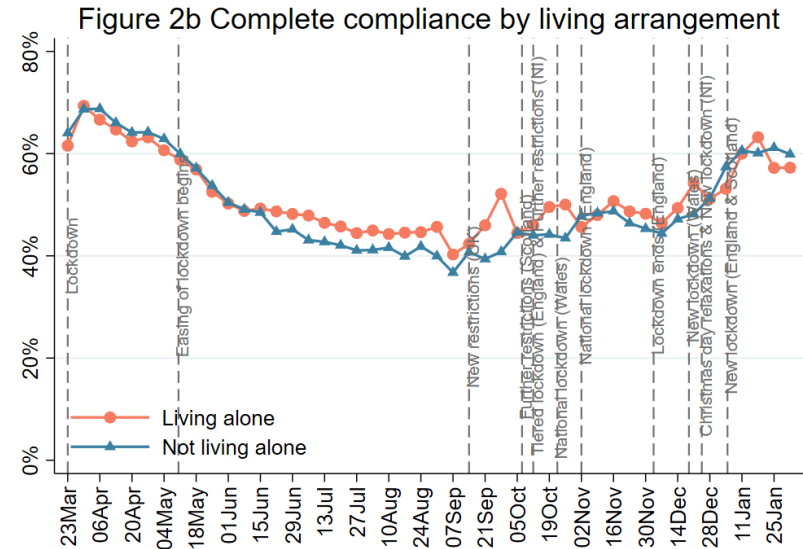
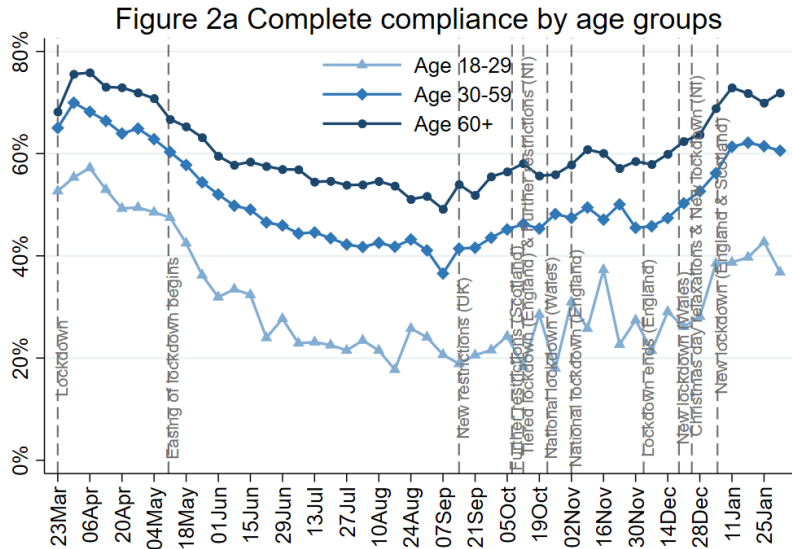


Figure 2e Complete compliance by nations

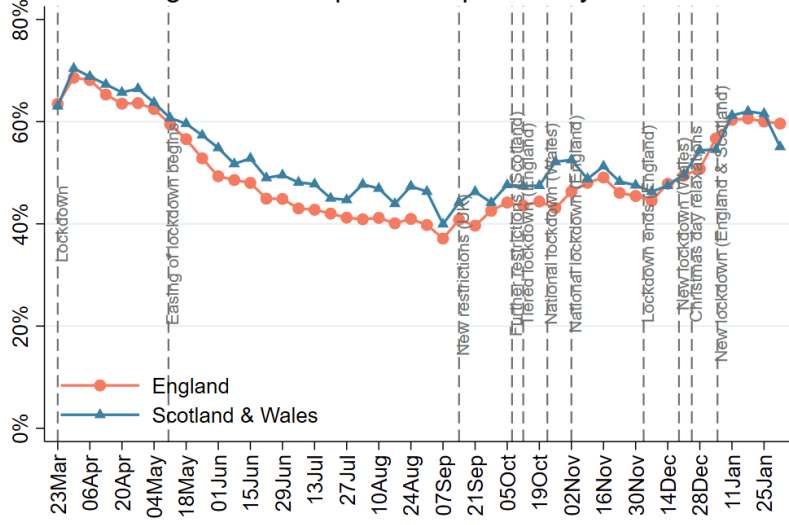


Figure 2f Complete compliance by keyworder status

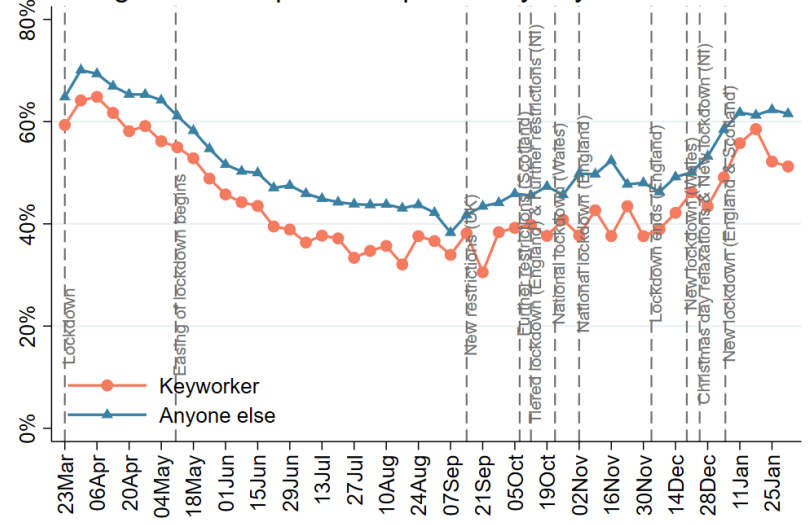


Figure 2g Complete compliance by living with children

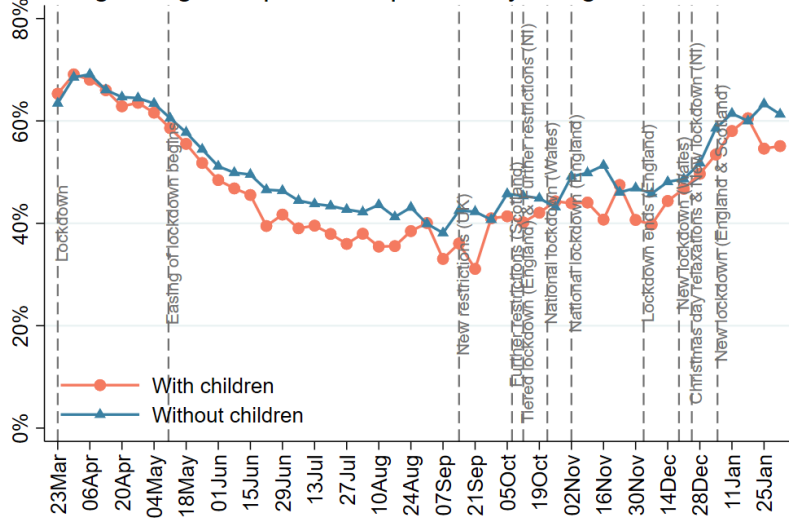
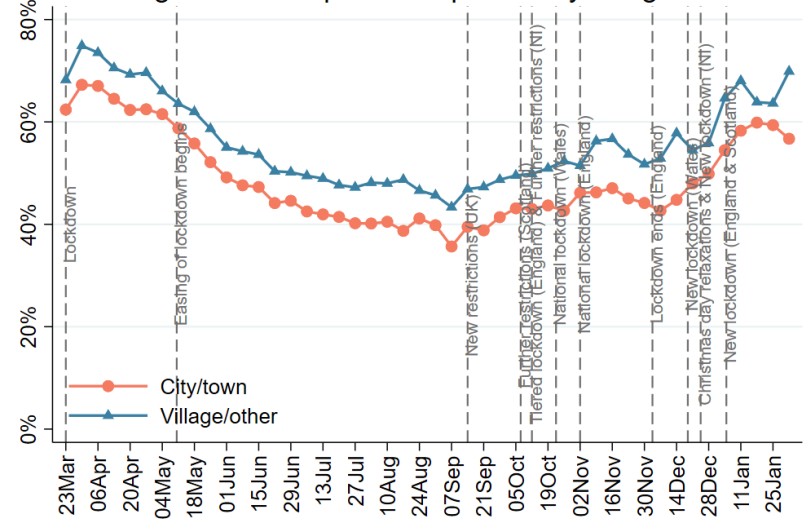
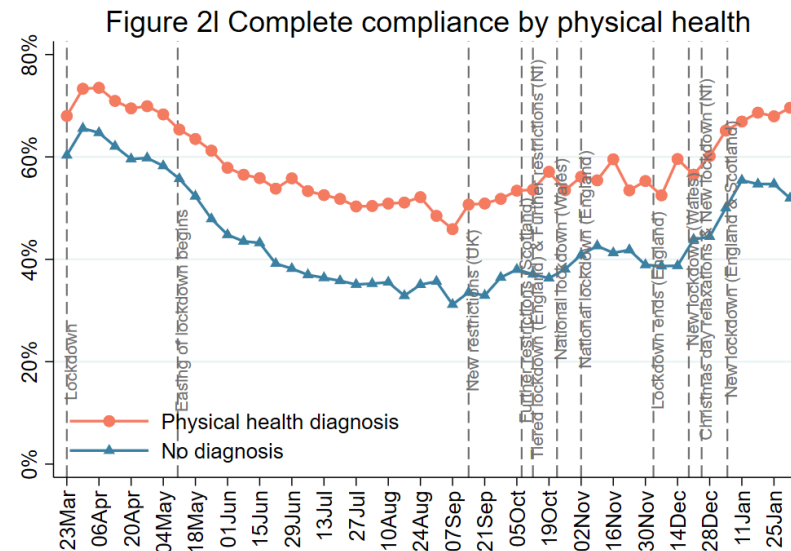
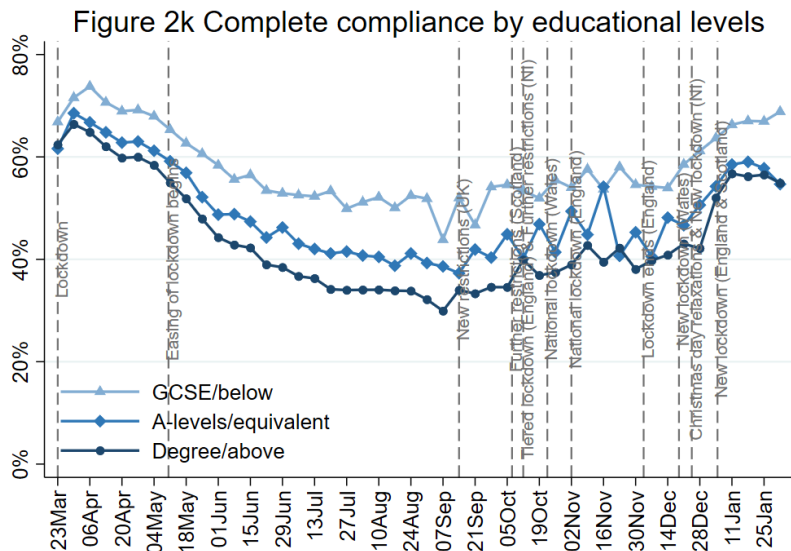
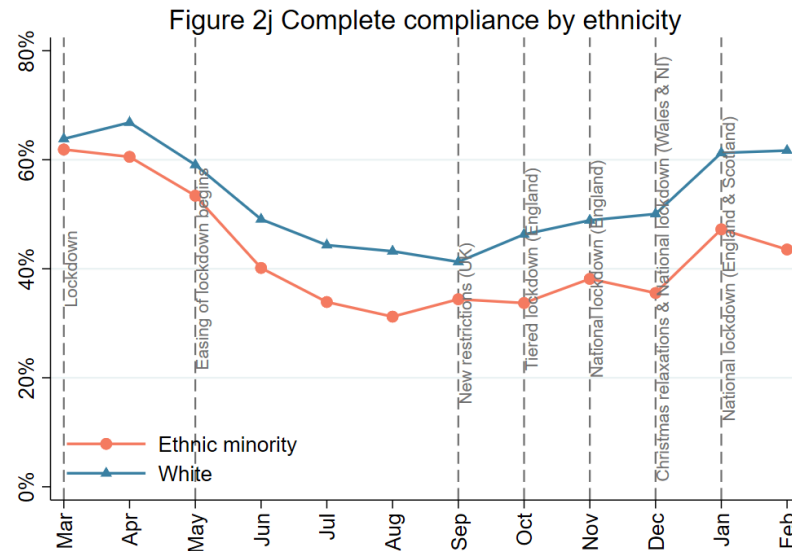
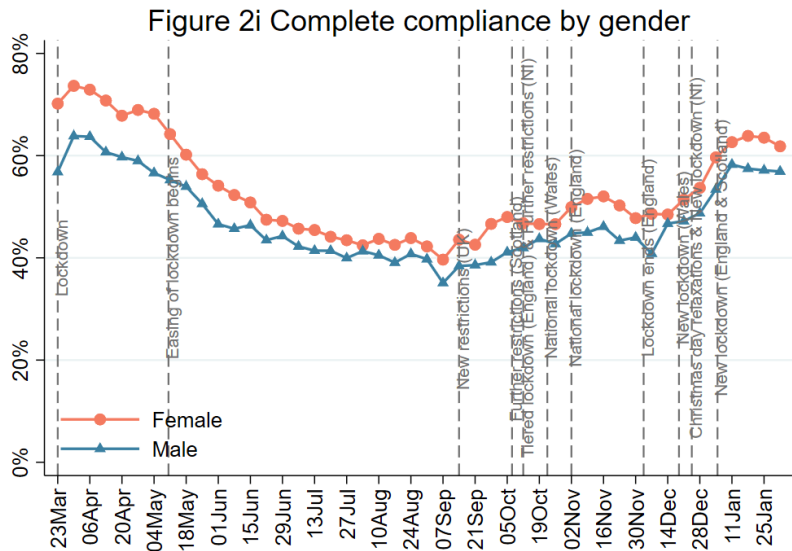


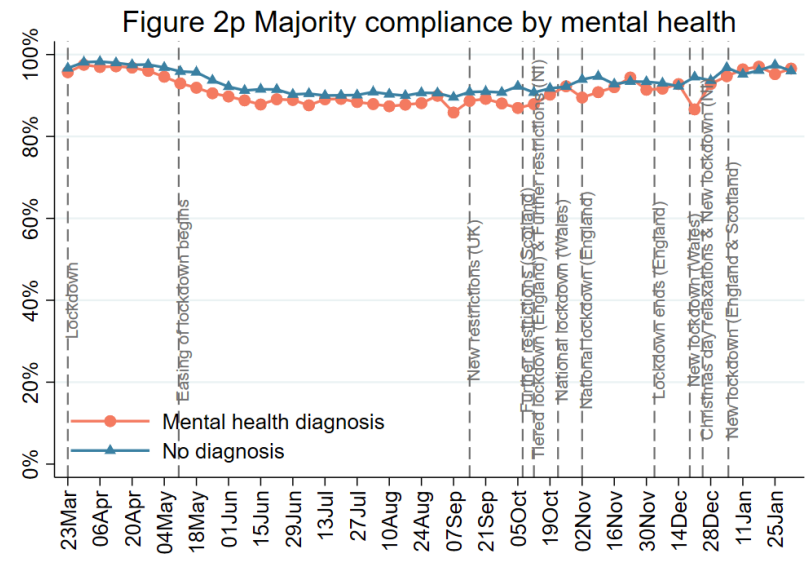
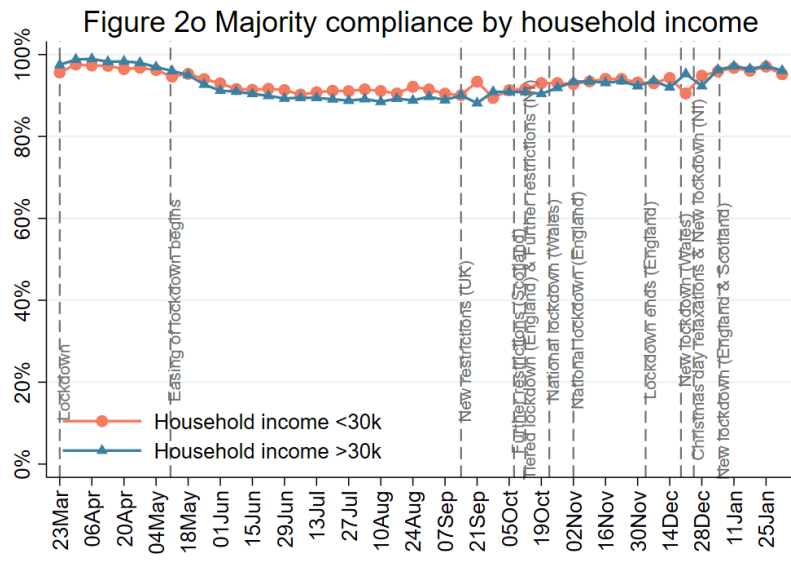
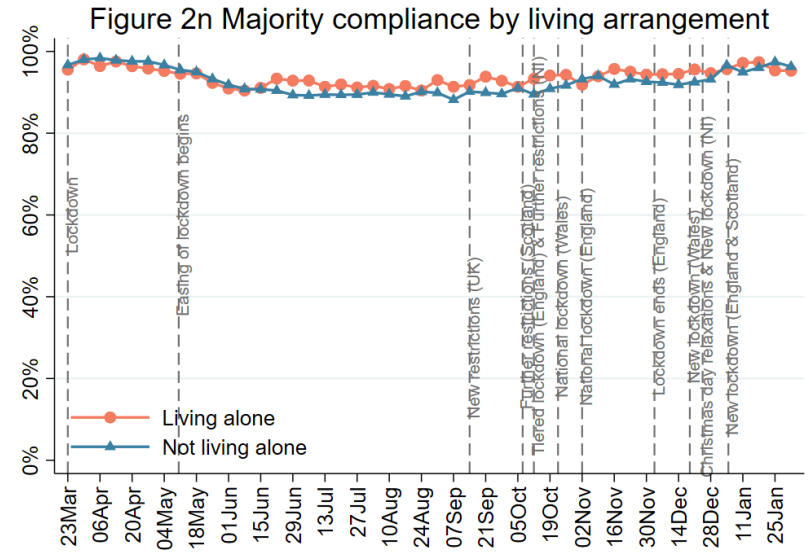
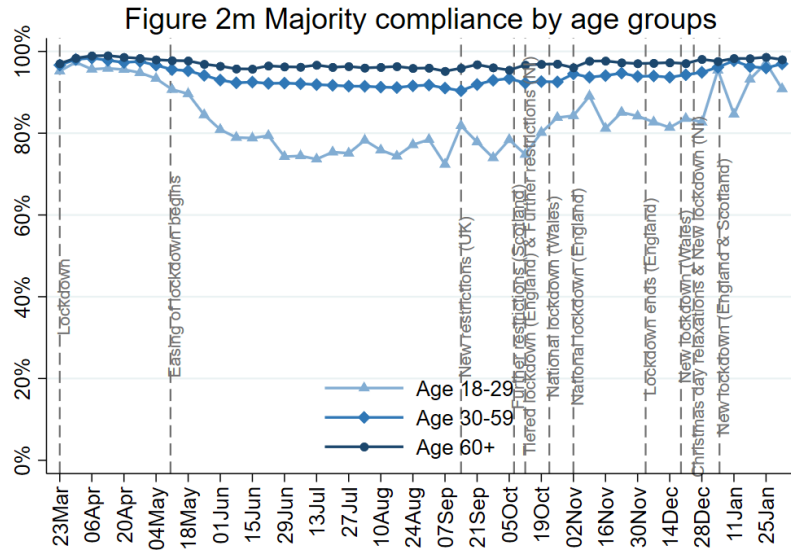
Figure 2h Complete compliance by living area

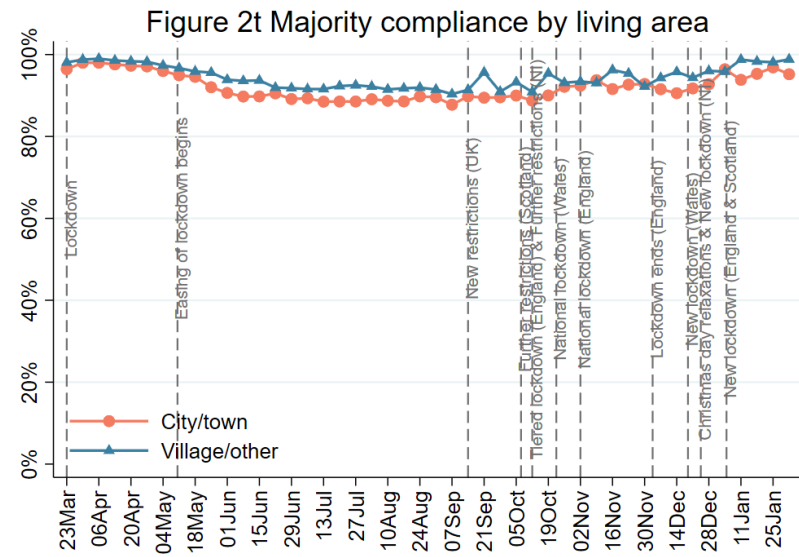
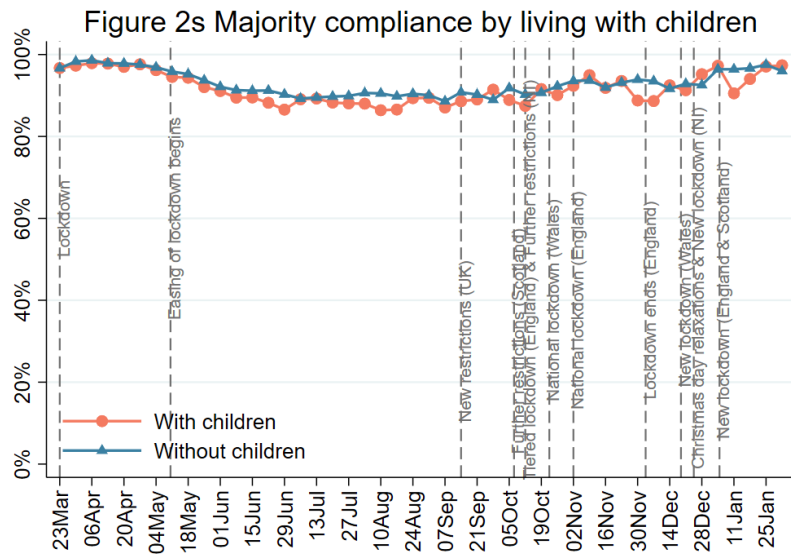
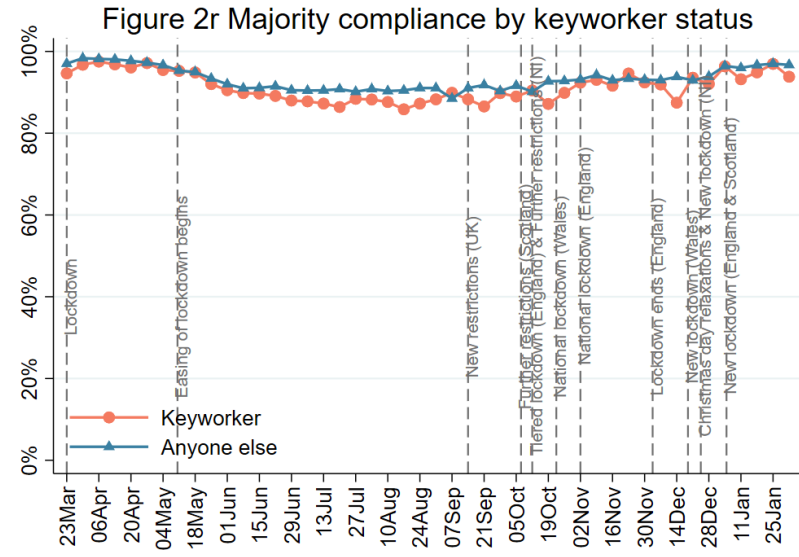
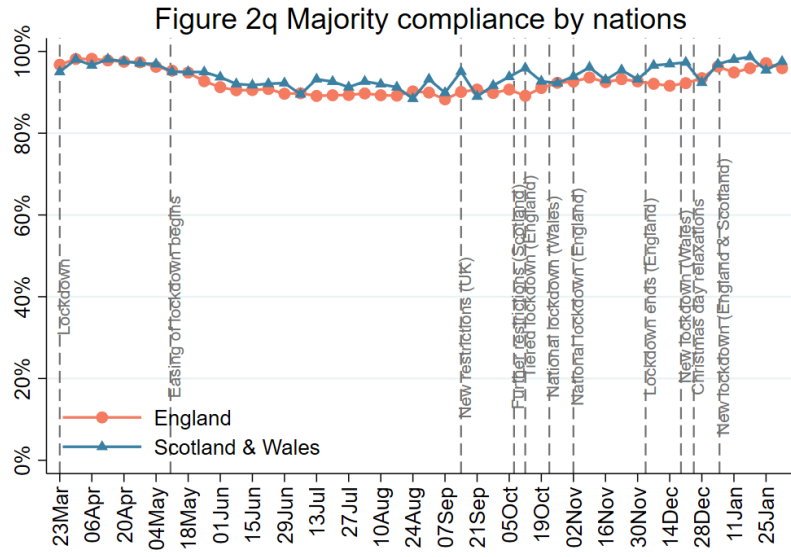


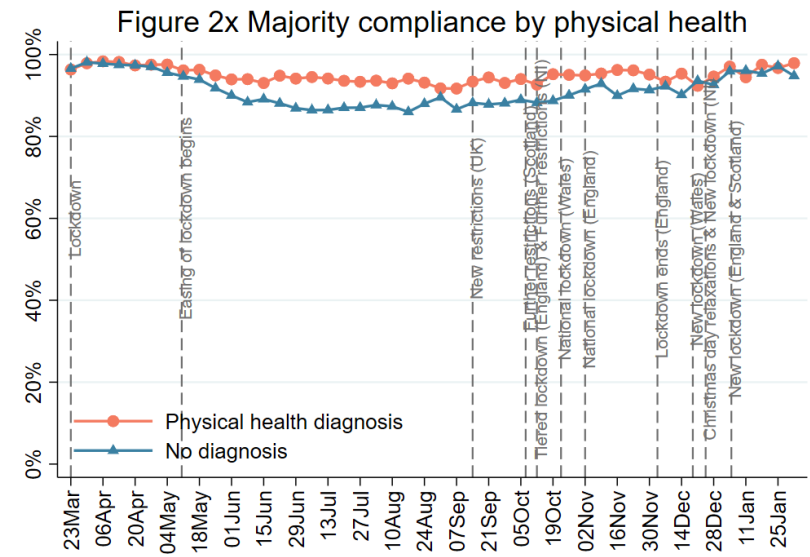
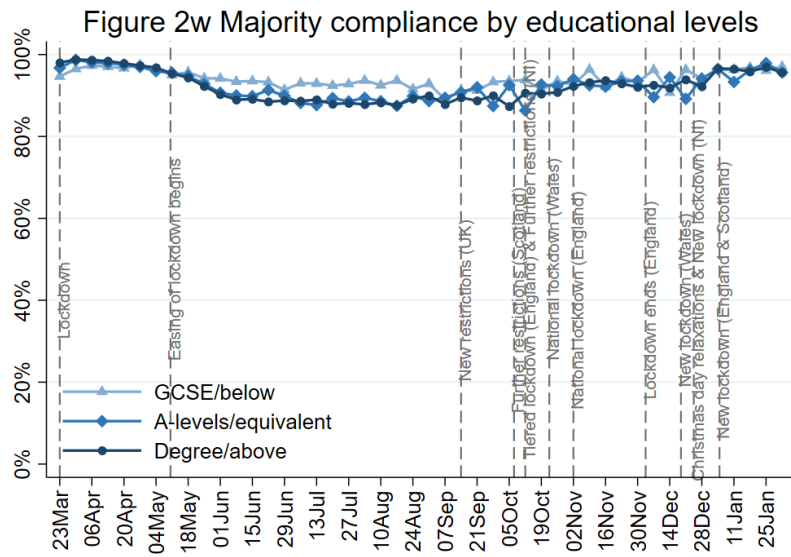
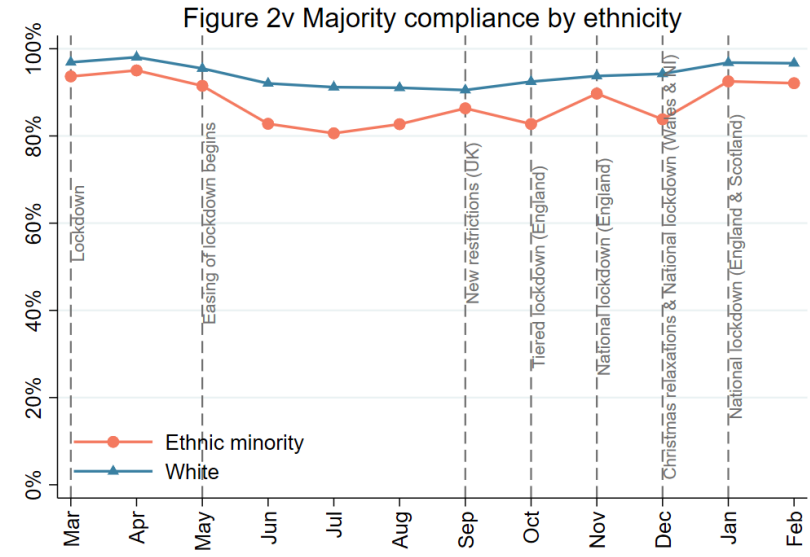
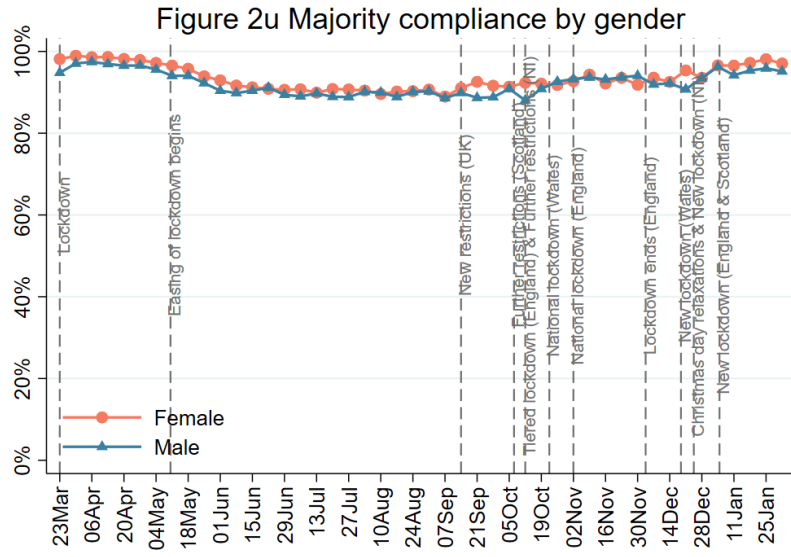


<sup>1</sup> Ethnicity sub-group graphs are analysed by month rather than by week to maximise sample size.

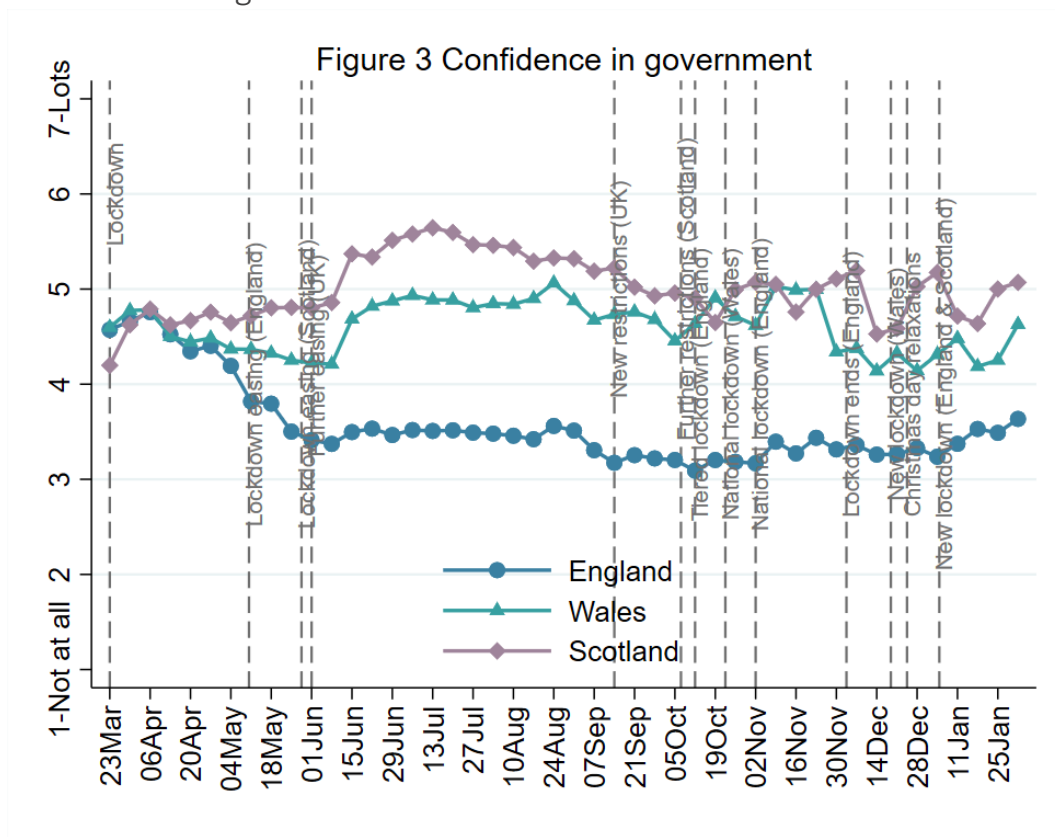








## 1.2 Confidence in government



### FINDINGS

Respondents were asked how much confidence they had in the government to handle the Covid-19 epidemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Levels of confidence in central government to handle the COVID-19 epidemic remain slightly higher than in the autumn, with levels similar to in August 2020. In all three nations, levels of trust have increased over the past several weeks but remain lower in England than for devolved nations<sup>1</sup>.

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful consideration (further separate analyses are focusing on subgroups in devolved nations). In England, confidence in government is still lowest in those under the age of 30. Confidence also remains lower in urban areas, amongst people from ethnic minority backgrounds, amongst people with higher educational qualifications, and in people with a mental health diagnosis. Over the last several weeks, confidence has increased in people of higher household income and is now very similar to in those with lower incomes.

<sup>1</sup> Figures for Northern Ireland have now been removed from our daily tracker graphs due to a small sample size that makes extrapolation even with statistical weighting unreliable. These data are being analysed in other papers and reports.

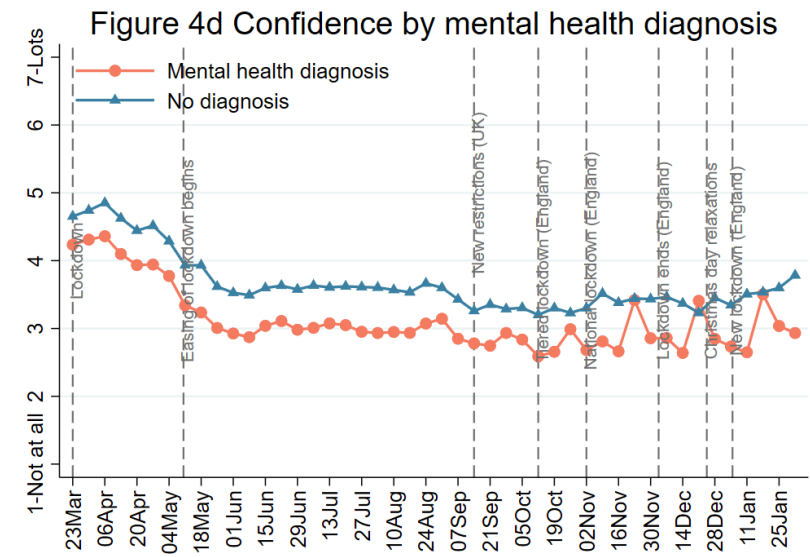
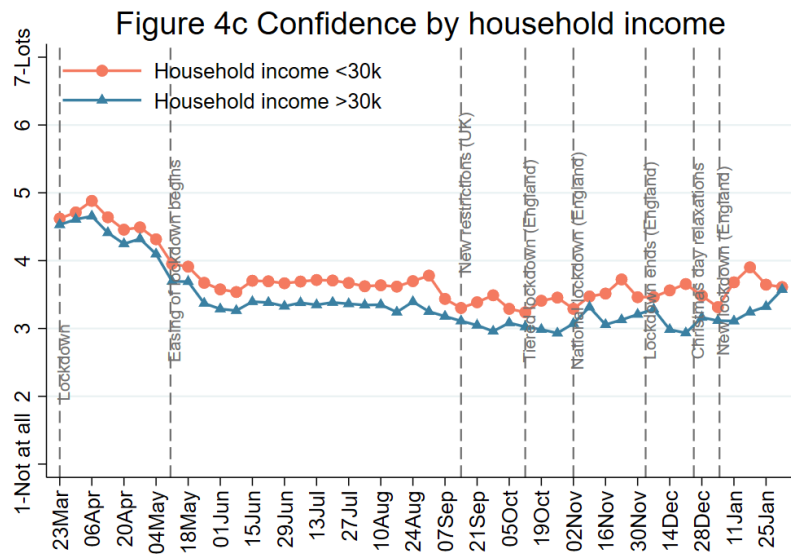
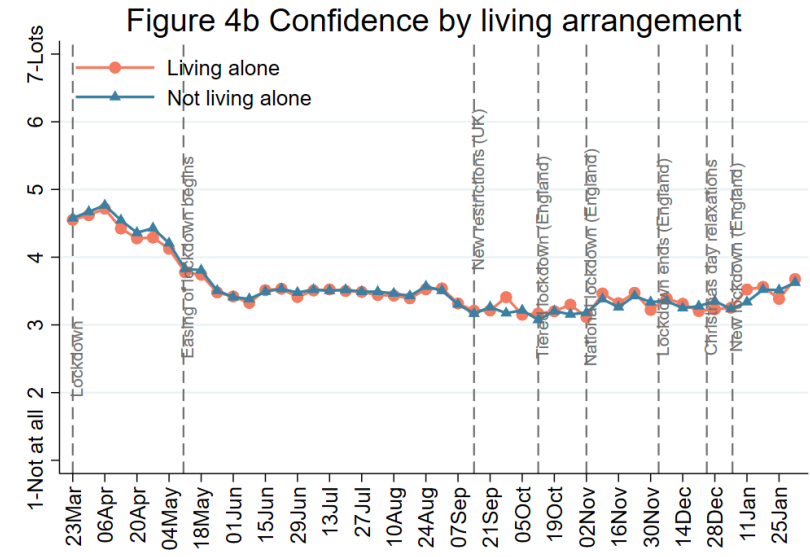
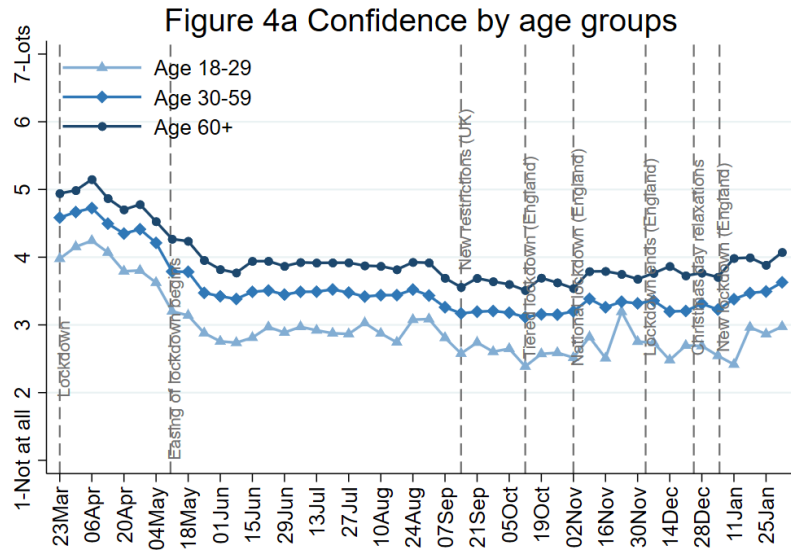


Figure 4e Confidence by nations

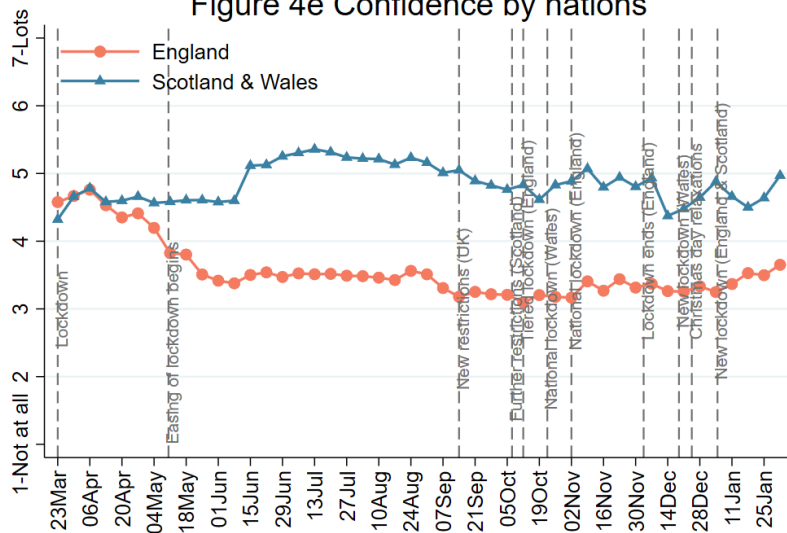


Figure 4f Confidence by keyworker status

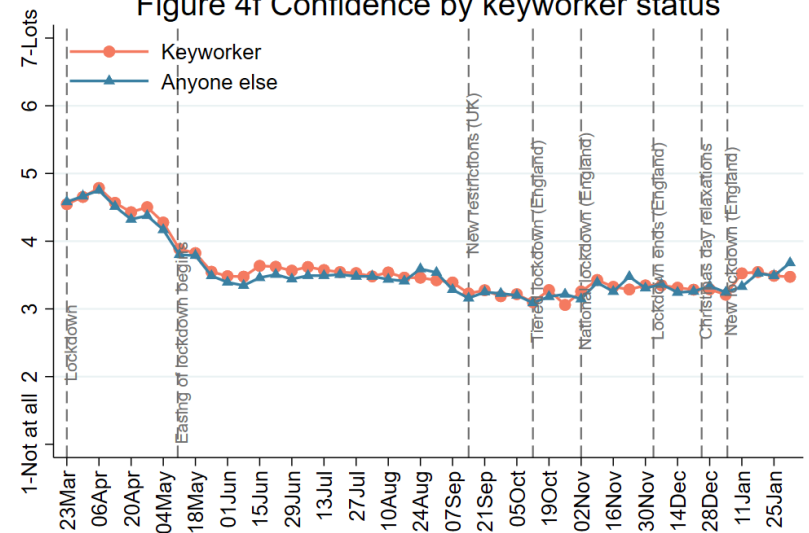


Figure 4g Confidence by living with children

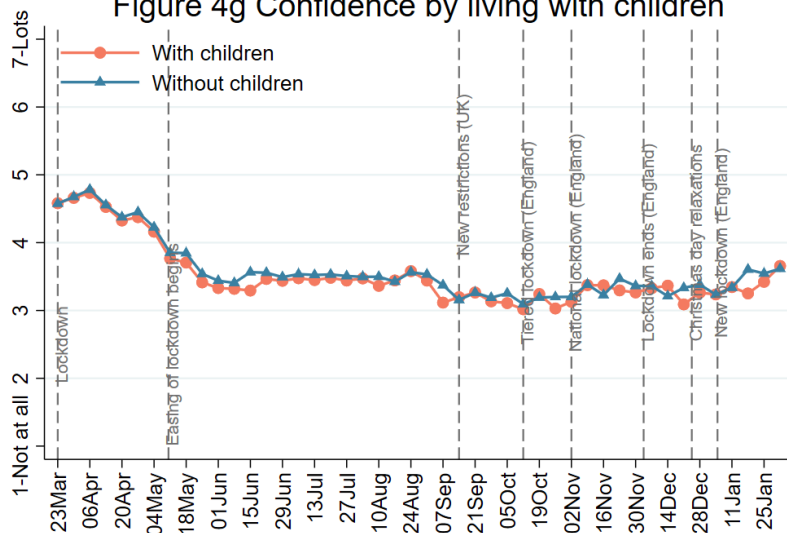


Figure 4h Confidence by living area

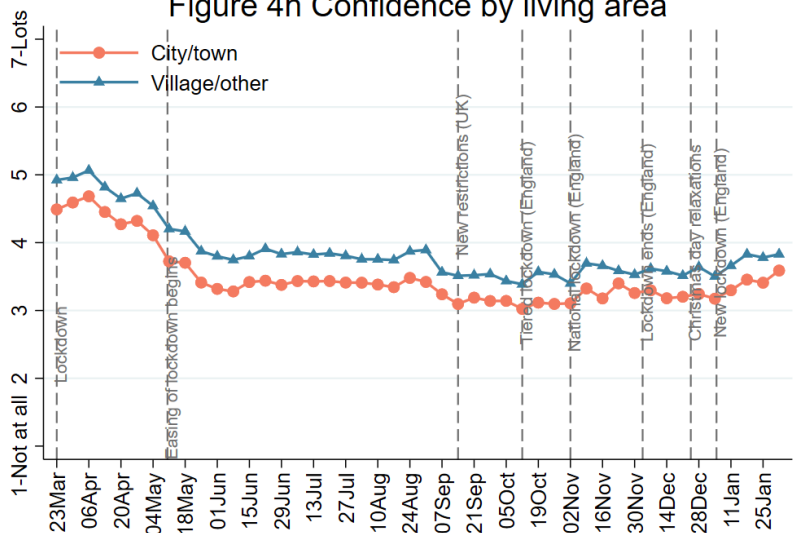


Figure 4i Confidence in government by gender

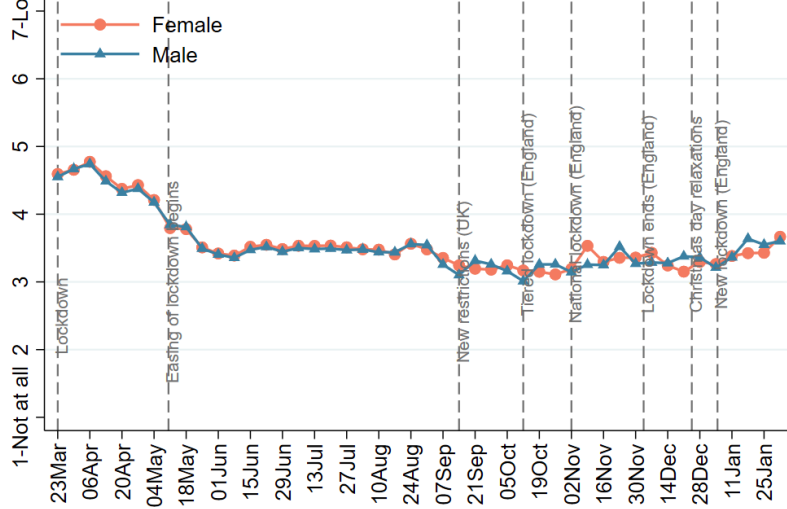


Figure 4j Confidence in government by ethnicity

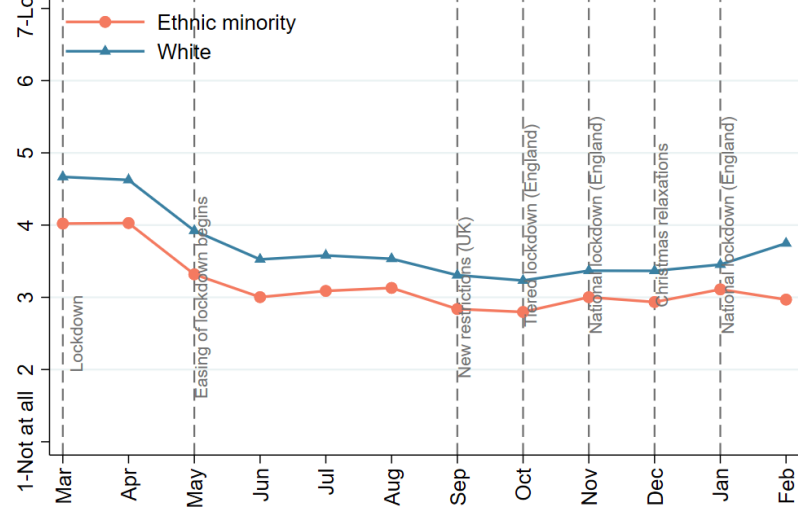


Figure 4k Confidence in government by educational levels

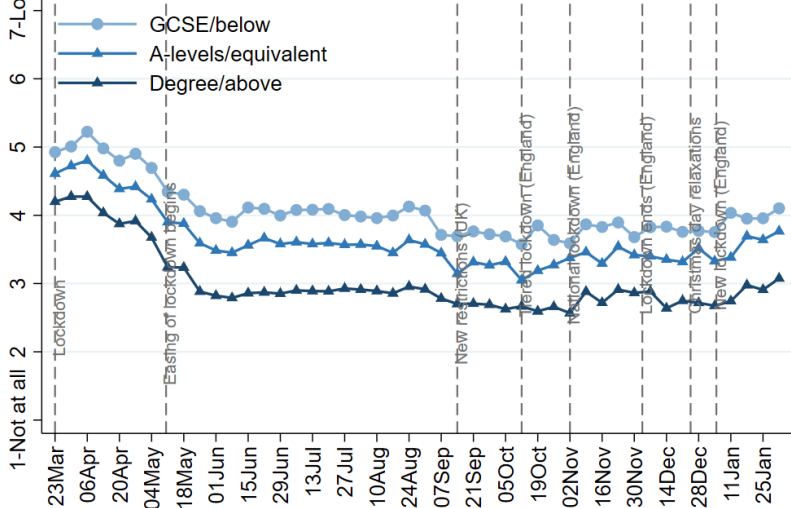
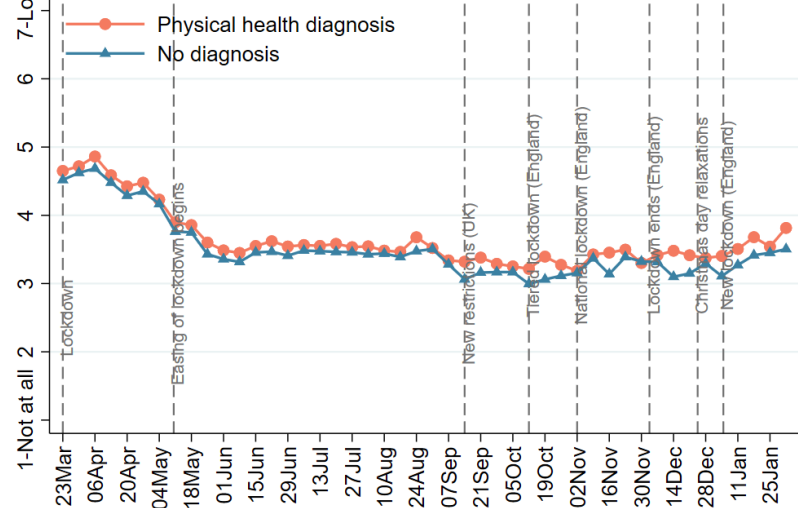
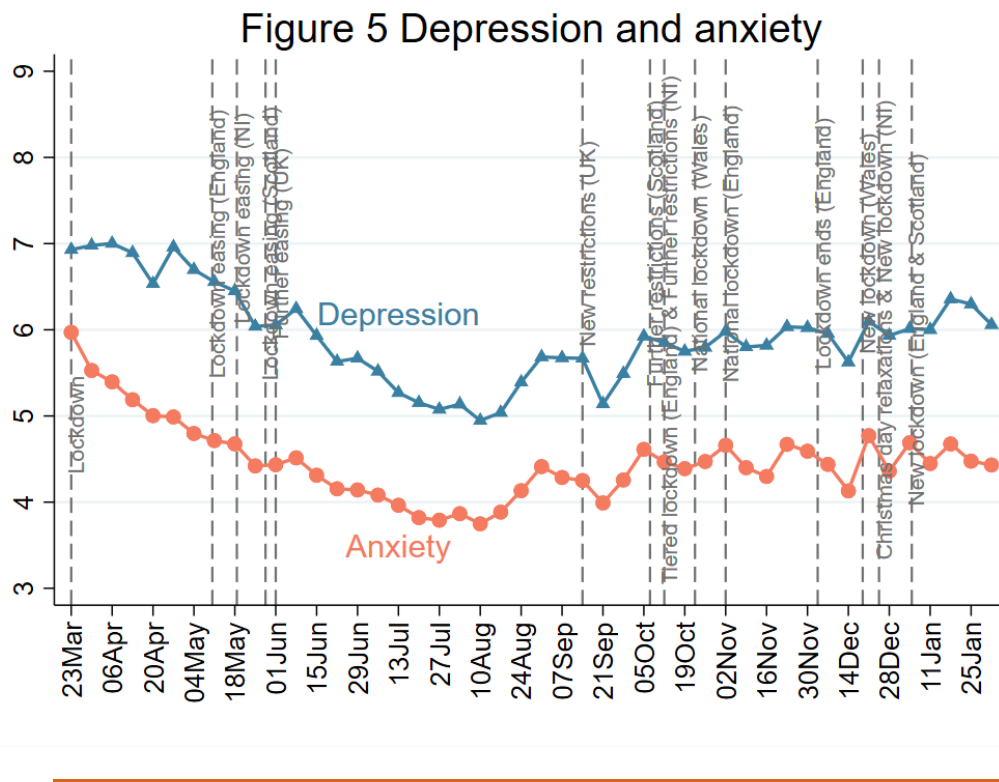


Figure 4l Confidence in government by physical health



## 2. Mental Health

### 2.1 Depression and anxiety



#### FINDINGS

Respondents were asked about depression levels during the past week using the Patient Health Questionnaire (PHQ-9) and anxiety using the Generalised Anxiety Disorder assessment (GAD-7); standard instruments for diagnosing depression and anxiety in primary care. These are 9 and 7 items respectively with 4-point responses ranging from “not at all” to “nearly every day”, with higher overall scores indicating more symptoms. Scores of higher than 10 can indicate major depression or moderate anxiety.

Depression and anxiety levels have generally been worsening since the summer and are now similar to levels during the first lockdown in May 2020. Although this study focuses on trajectories rather than prevalence, the levels overall are higher than usual reported averages using the same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression<sup>2</sup>).

Depression and anxiety are still highest in young adults, women, people with lower household income, people with a long-term physical health condition, people from ethnic minority backgrounds, and people living with children. People with a diagnosed mental illness have still been reporting higher levels of depression and anxiety symptoms (as might be expected), especially since the latest lockdown was announced (see Figures 6).

<sup>2</sup> Löwe B, Decker O, Müller S, Brähler E, Schellberg D, Herzog W, et al. Validation and Standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the General Population. *Medical Care*. 2008;46(3):266–74. | Tomitaka S, Kawasaki Y, Ide K, Akutagawa M, Ono Y, Furukawa TA. Stability of the Distribution of Patient Health Questionnaire-9 Scores Against Age in the General Population: Data From the National Health and Nutrition Examination Survey. *Front Psychiatry*. NB in the absence of identified directly comparable prevalence estimates in the UK, these studies look at prevalence in the US in the general population.



Figure 6a Depression by age groups

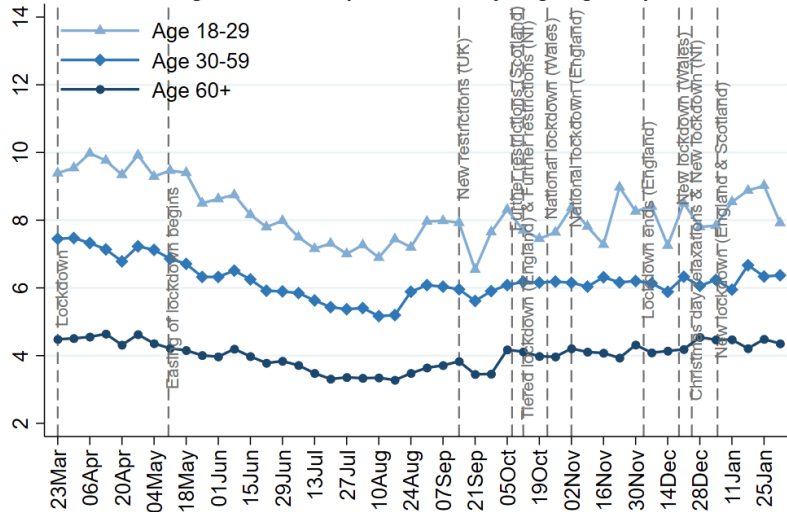


Figure 6b Depression by living arrangement

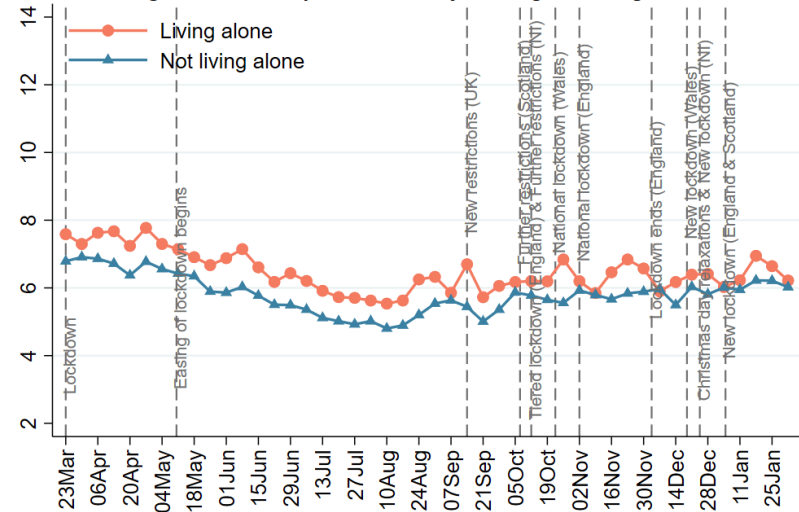


Figure 6c Depression by household income

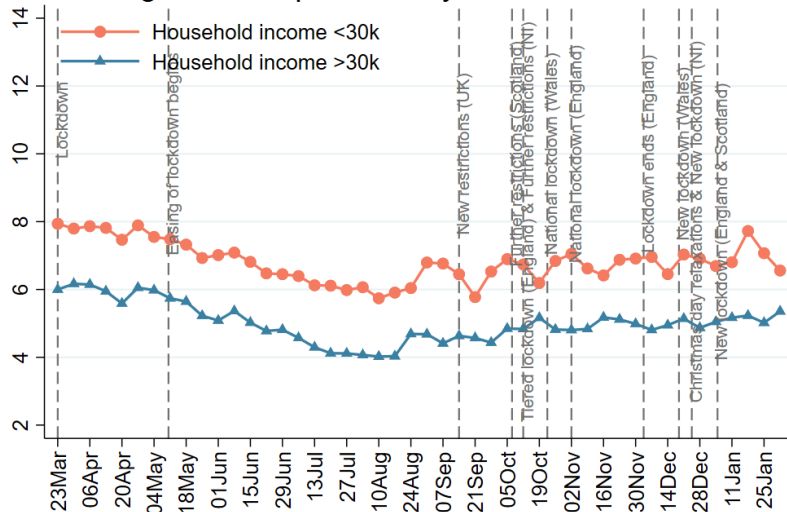


Figure 6d Depression by mental health diagnosis

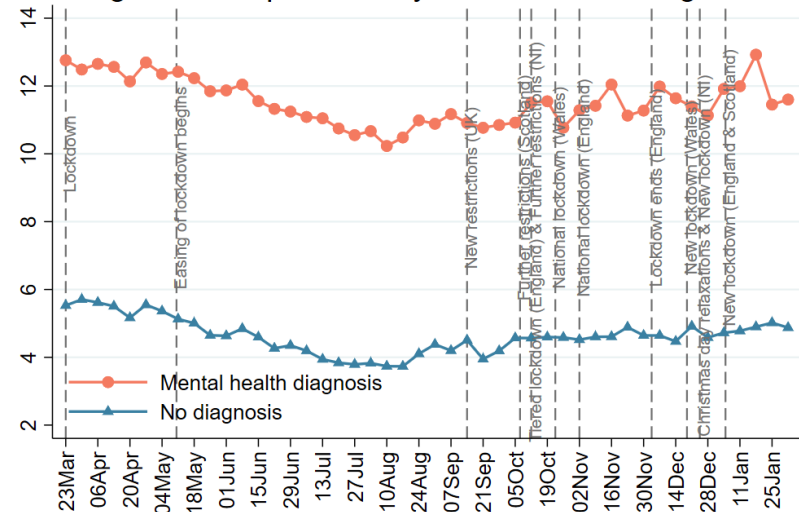


Figure 6e Depression by nations

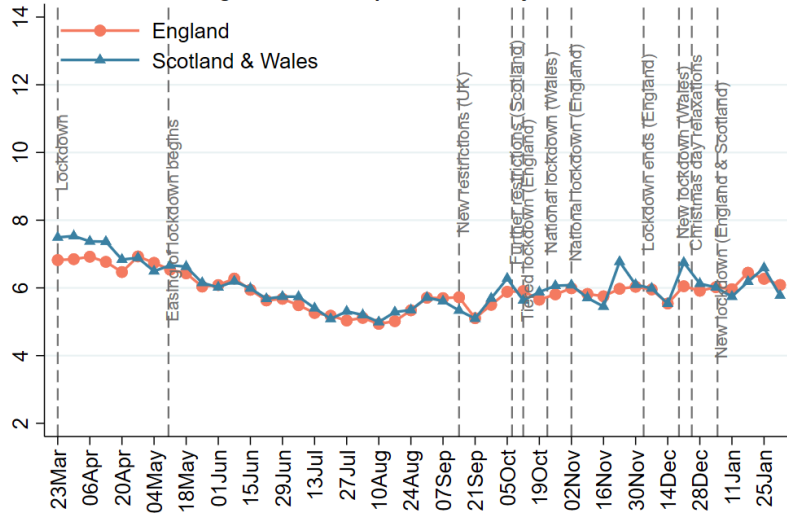


Figure 6f Depression by keyworker status

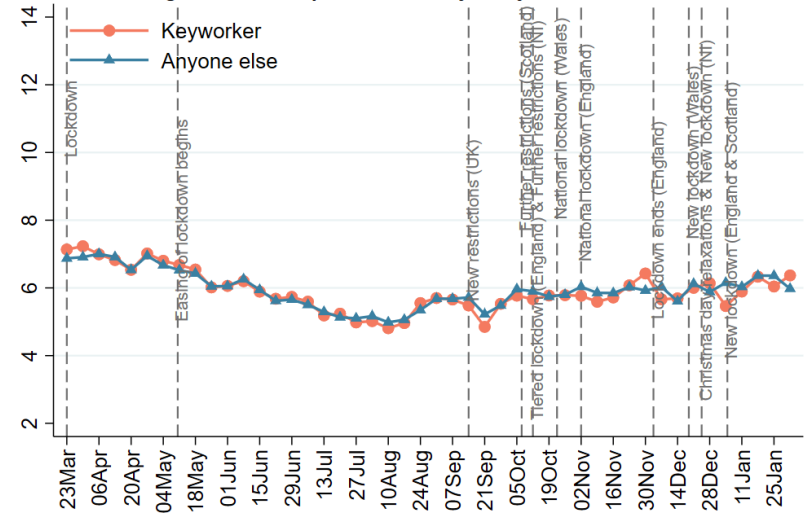


Figure 6g Depression by living with children

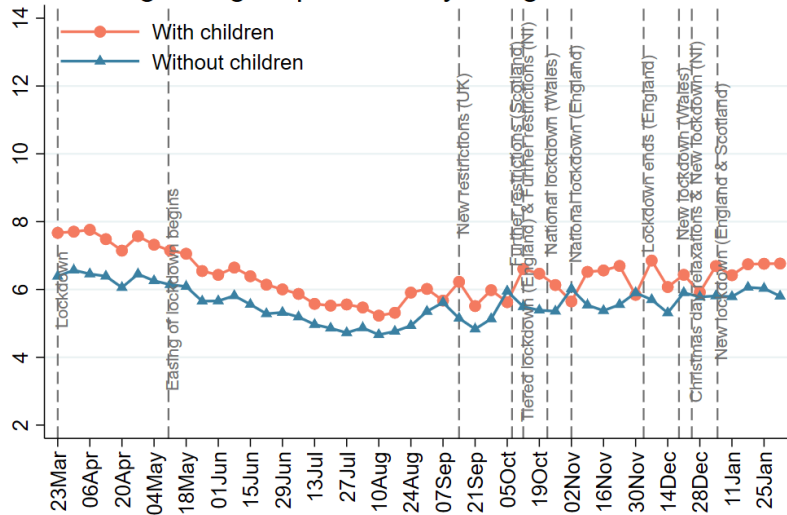


Figure 6h Depression by living area

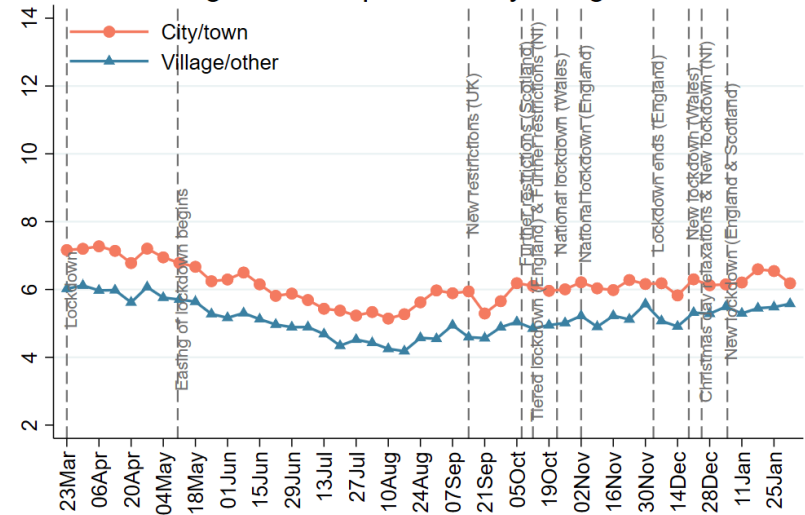


Figure 6i Depression by gender

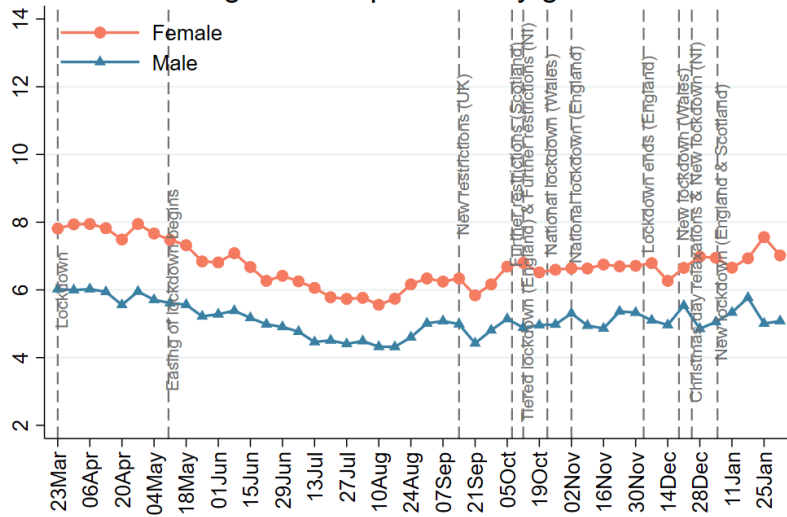


Figure 6j Depression by ethnicity

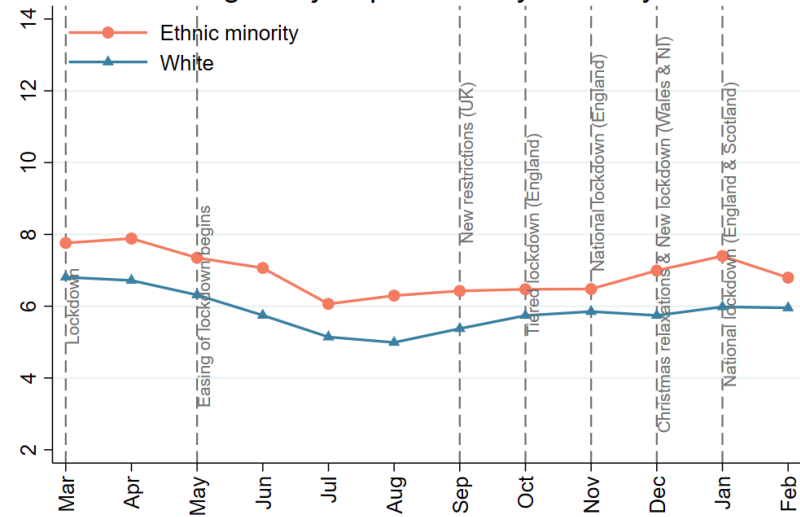


Figure 6k Depression by educational levels

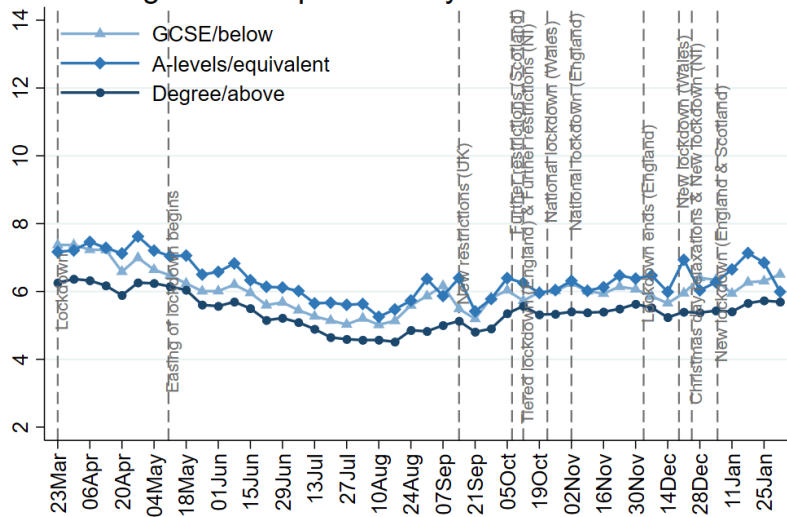


Figure 6l Depression by physical health diagnosis

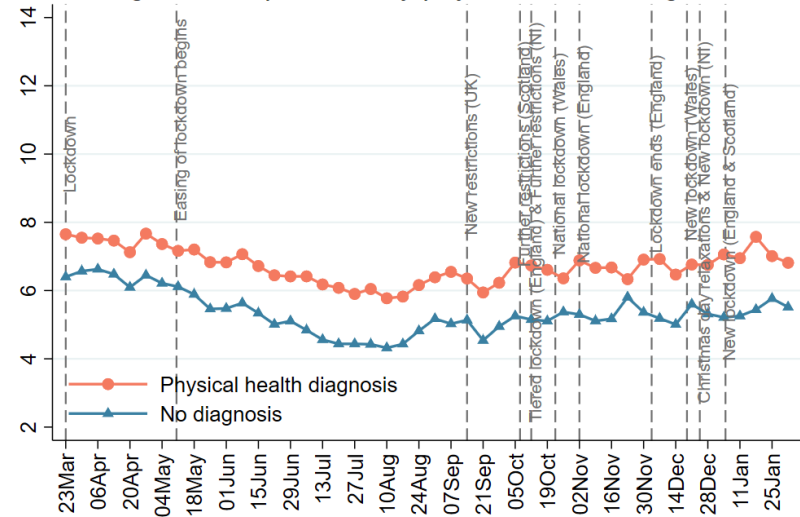


Figure 7a Anxiety by age groups

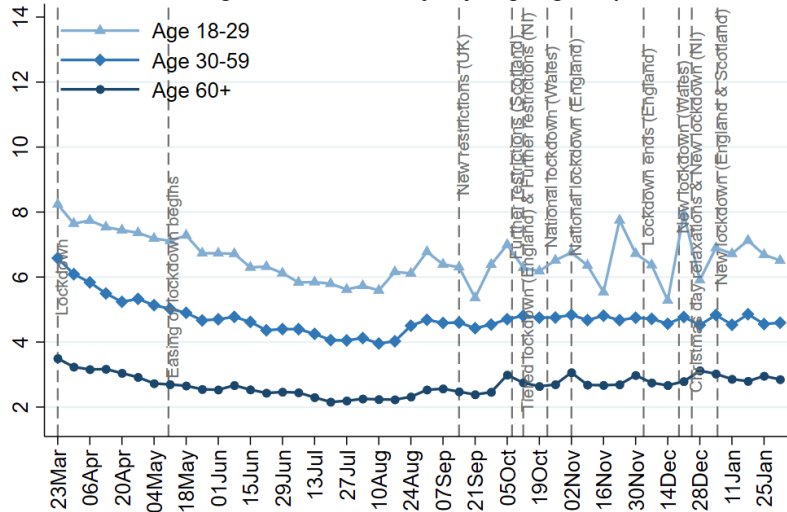


Figure 7b Anxiety by living arrangement

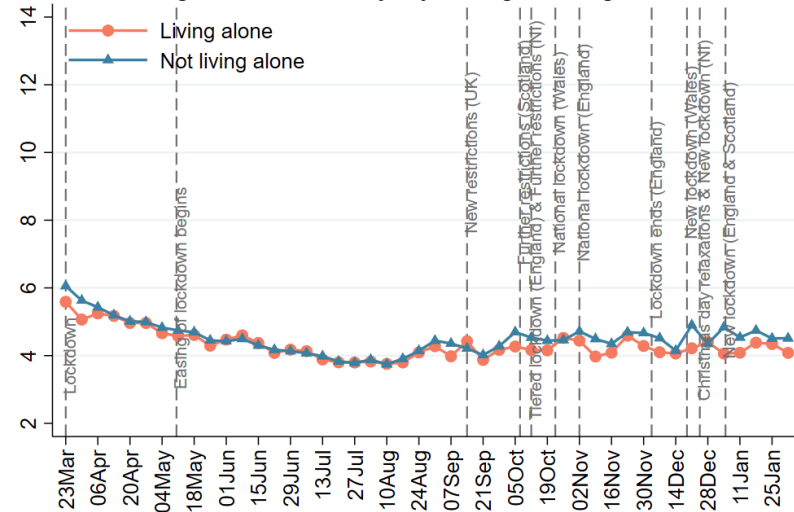


Figure 7c Anxiety by household income

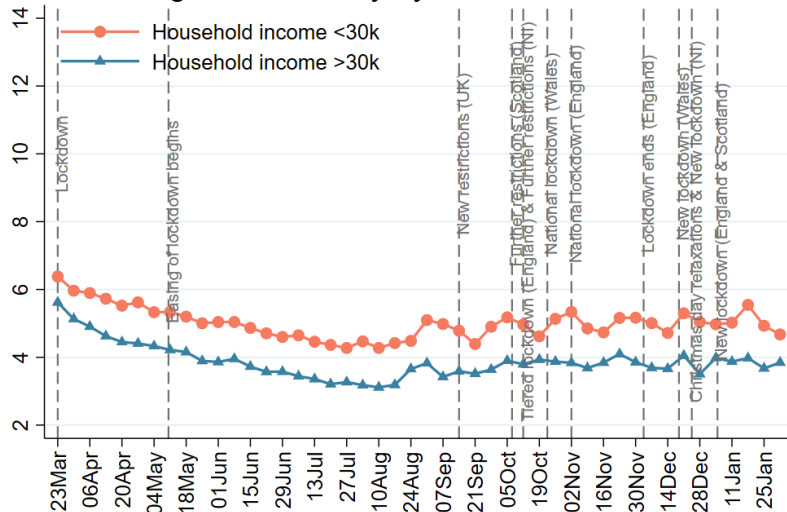


Figure 7d Anxiety by mental health diagnosis

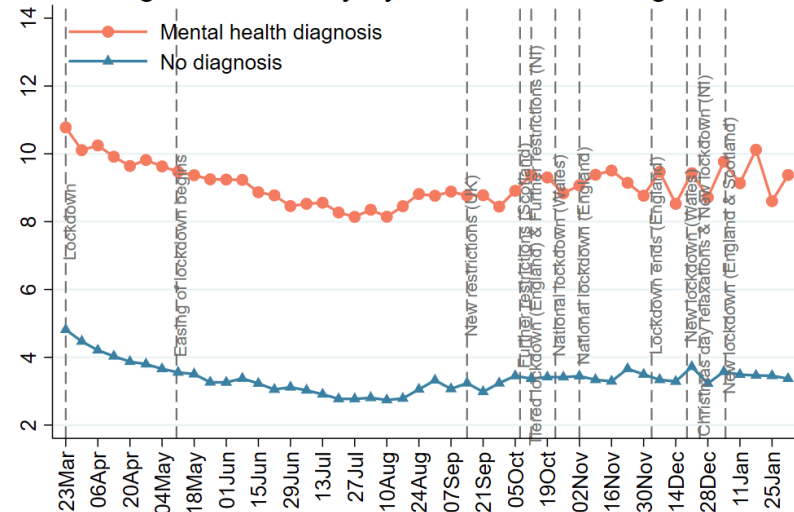


Figure 7e Anxiety by nations

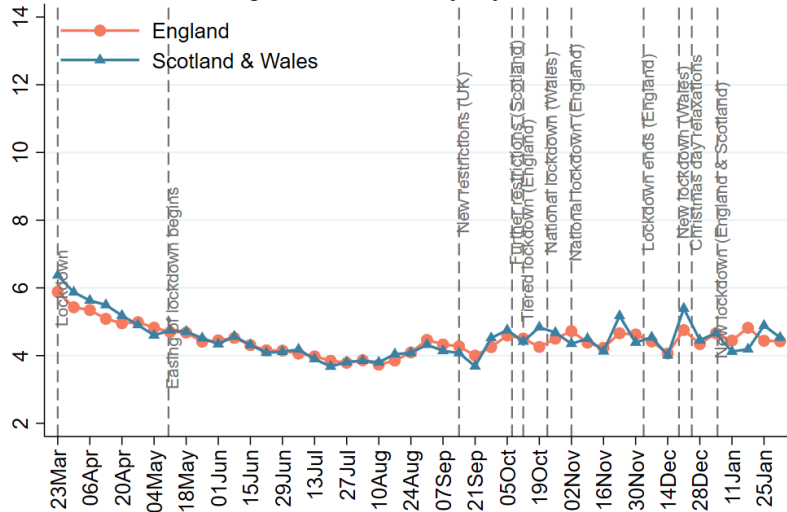


Figure 7f Anxiety by keyworker status

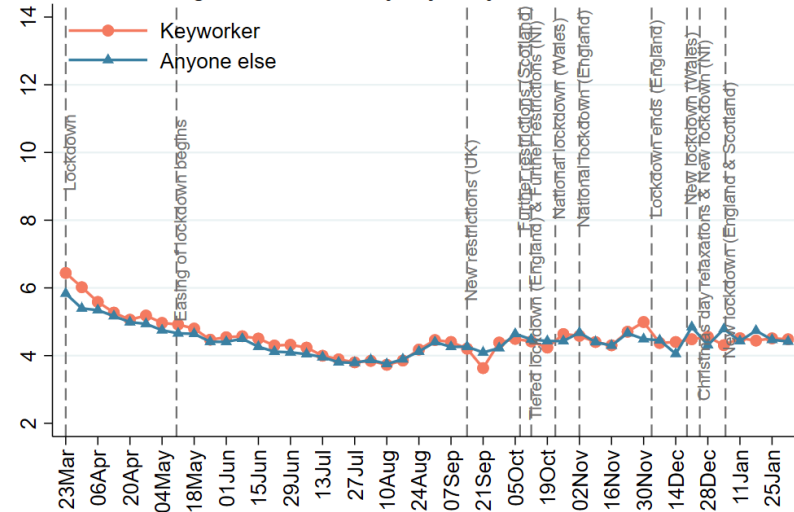


Figure 7g Anxiety by living with children

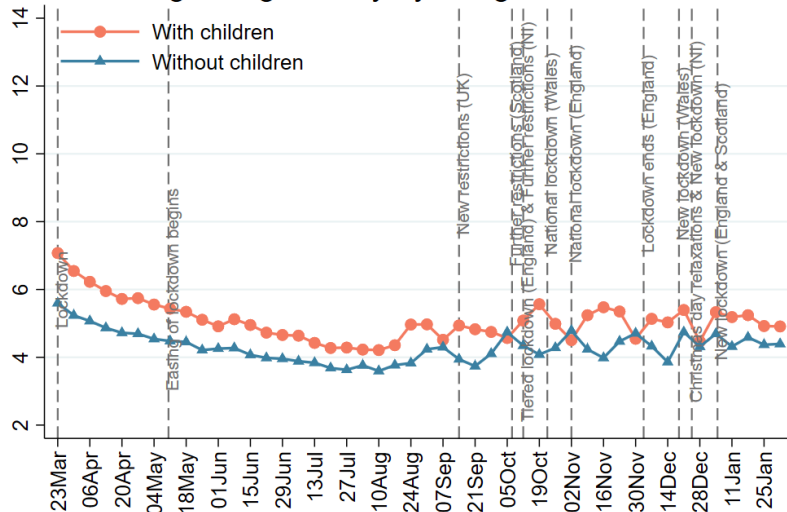


Figure 7h Anxiety by living area

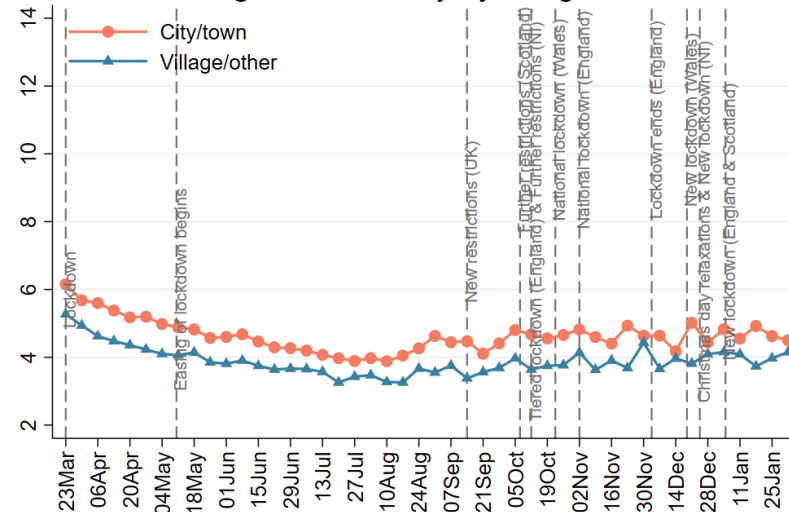


Figure 7i Anxiety by gender

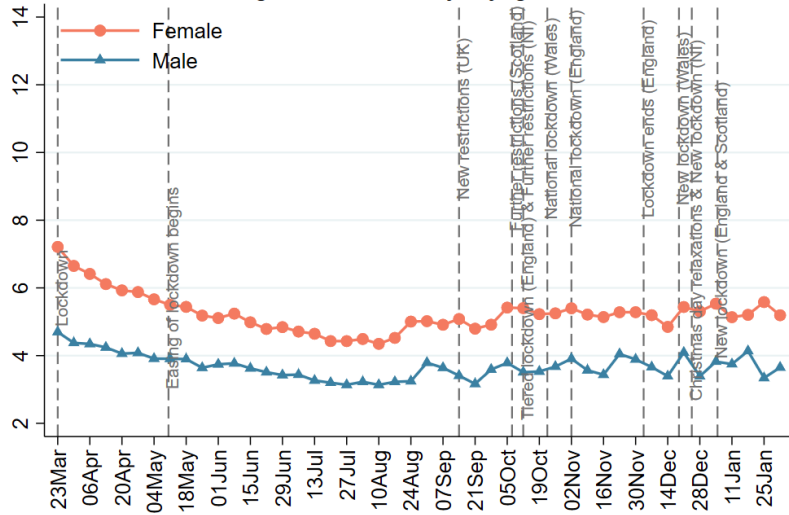


Figure 7j Anxiety by ethnicity

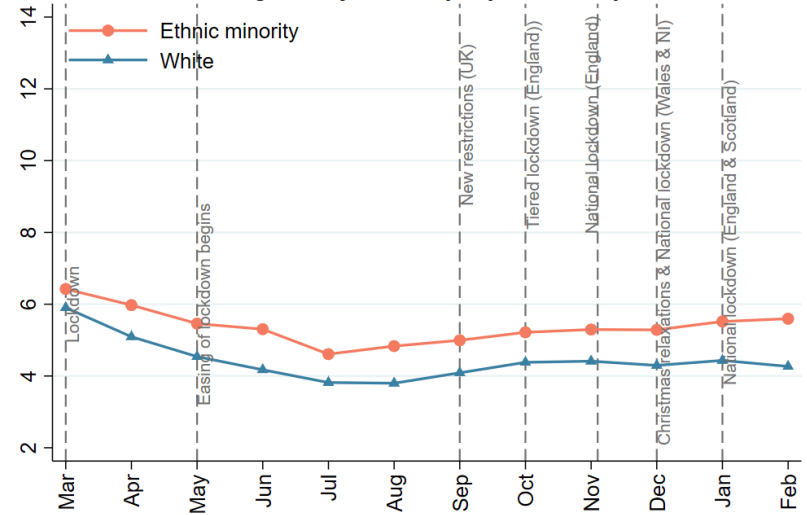


Figure 7k Anxiety by educational levels

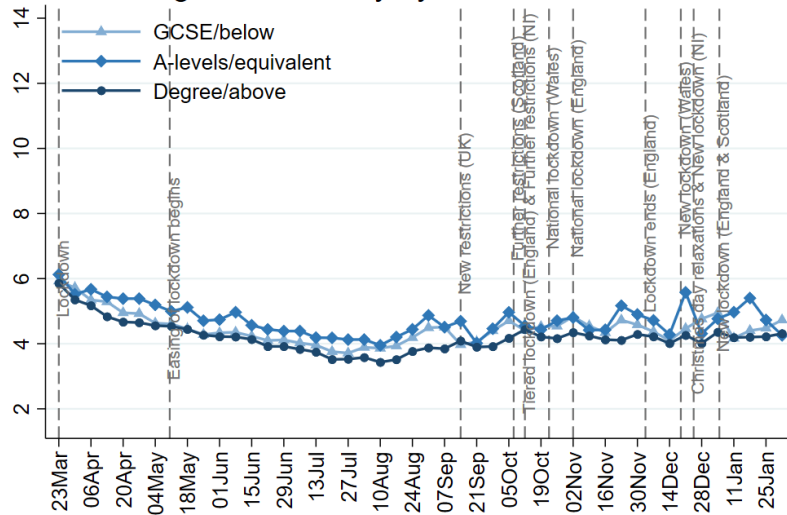
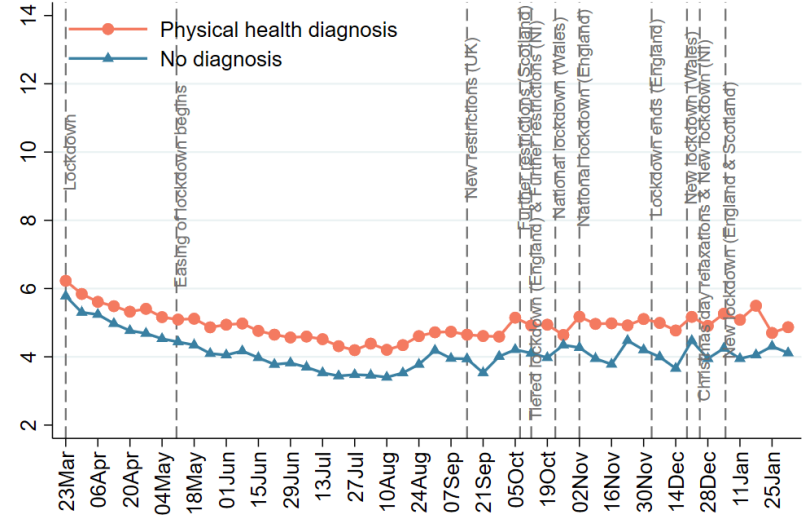
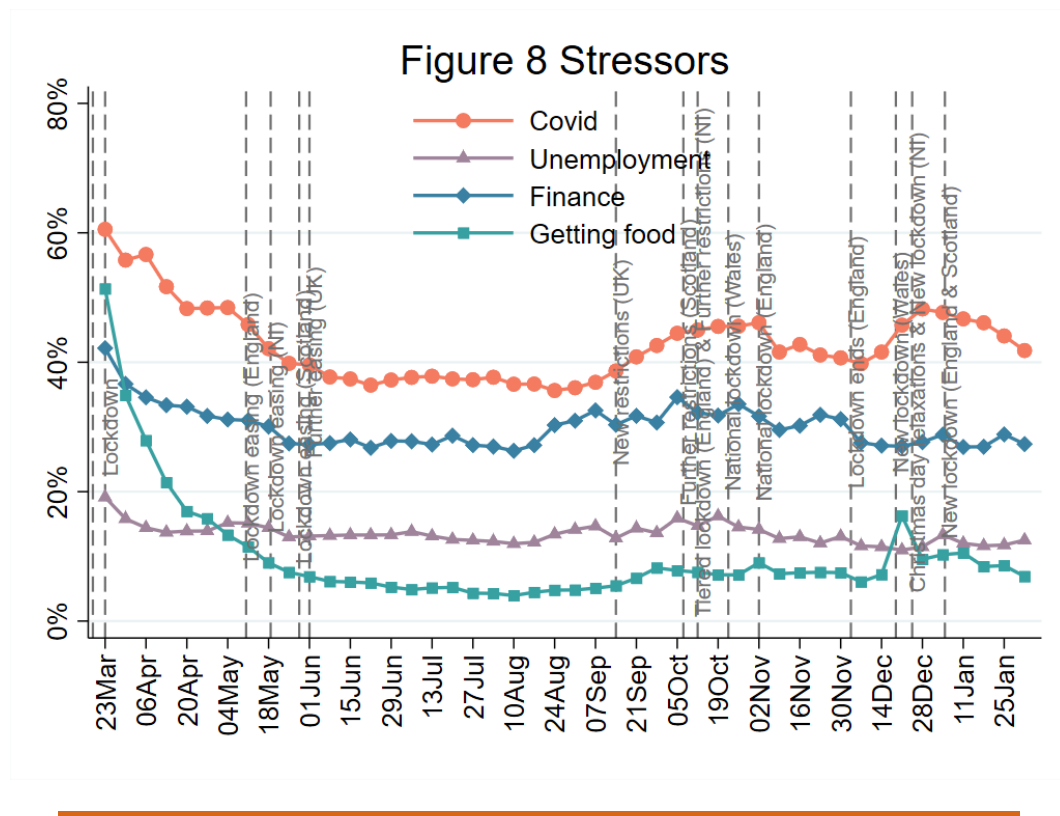


Figure 7l Anxiety by physical health diagnosis



## 2.2 Stress



### FINDINGS

We asked participants to report which factors were causing them stress in the last week, either minor stress or major stress (which was defined as stress that was constantly on their mind or kept them awake at night).

Stress about catching COVID-19 or becoming seriously ill from it is similar to what it was in the autumn, with just over 40% of people now worried. However, this has been decreasing after the increase that was seen after the news of the new more contagious variant.

Worries about finance have remained relatively stable since the latest lockdown started, comparable to their lowest levels of 1 in 4 people over the summer. Worries about unemployment remain relatively low and have levelled off in recent weeks, concerning just 1 in 8 people. Worries about accessing food have slightly decreased in the past several weeks, affecting approximately 1 in 10 people; comparable to when lockdown easing began in May.

People with diagnosed mental illness have been more worried about all factors. But stressors in other demographic groups have varied. Specifically in relation to worries about COVID-19, these levels are highest in adults over the age of 30, women, and people with diagnosed physical health conditions, but have been decreasing across these groups in the last weeks.

Concerns about unemployment and finances remain highest amongst adults of working age and are comparable to their levels in the summer. Unemployment and financial stress are still higher in those living with children and amongst those in ethnic minority groups. Most groups are showing similar concern about accessing food, although these concerns are higher in people with a diagnosed mental health condition and those in ethnic minority groups. People with physical health conditions are also more concerned about accessing food, which may be due to greater concerns about going to supermarkets.

Figure 9a Covid-19 stress by age groups

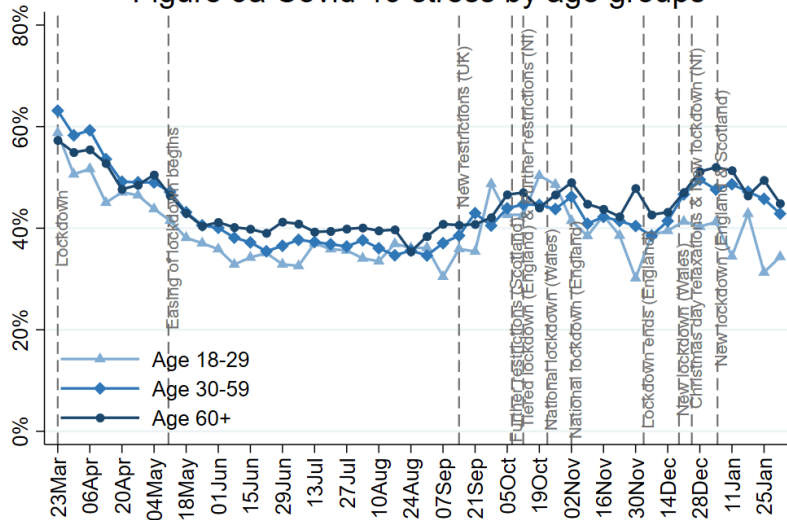


Figure 9b Covid-19 stress by living arrangement

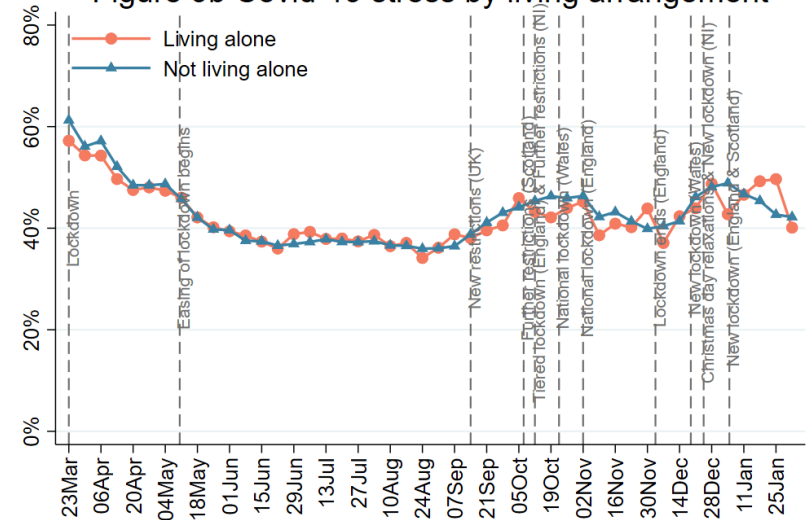


Figure 9c Covid-19 stress by household income

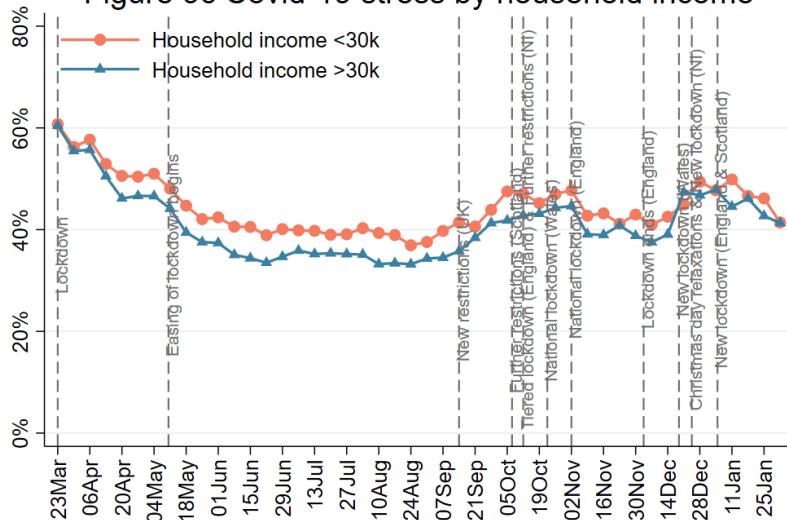


Figure 9d Covid-19 stress by mental health diagnosis

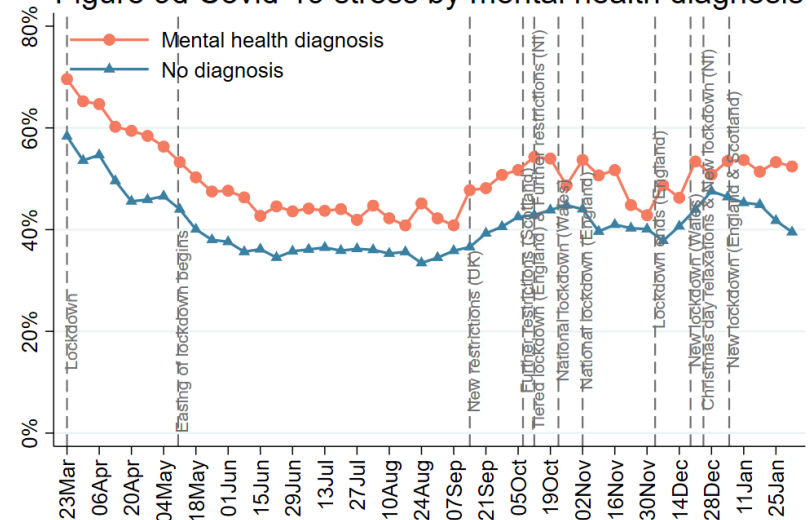




Figure 9e Covid-19 stress by nations

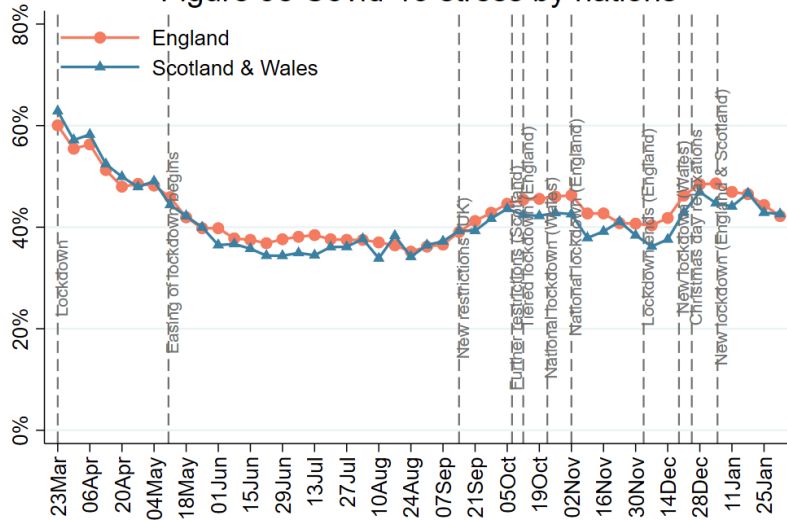


Figure 9f Covid-19 stress by keyworker status

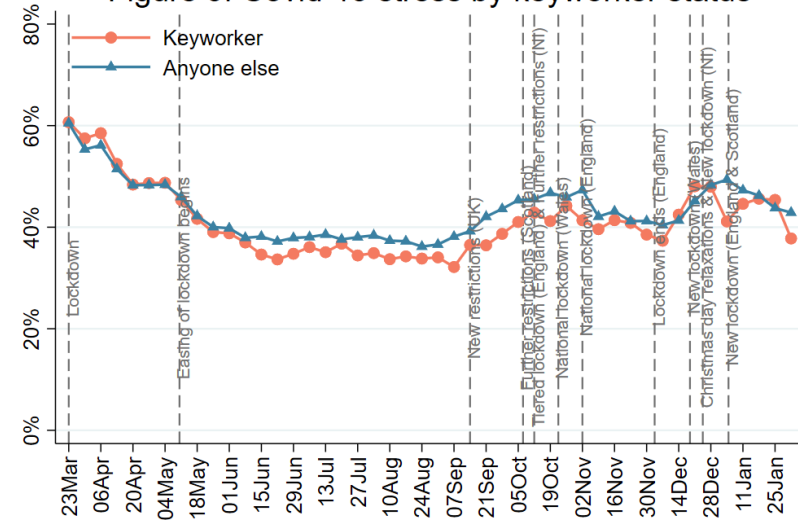


Figure 9g Covid-19 stress by living with children

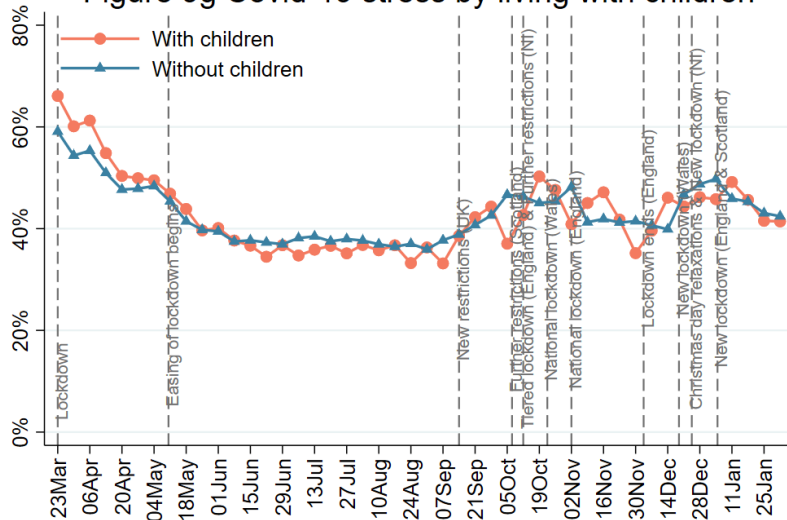


Figure 9h Covid-19 stress by living area

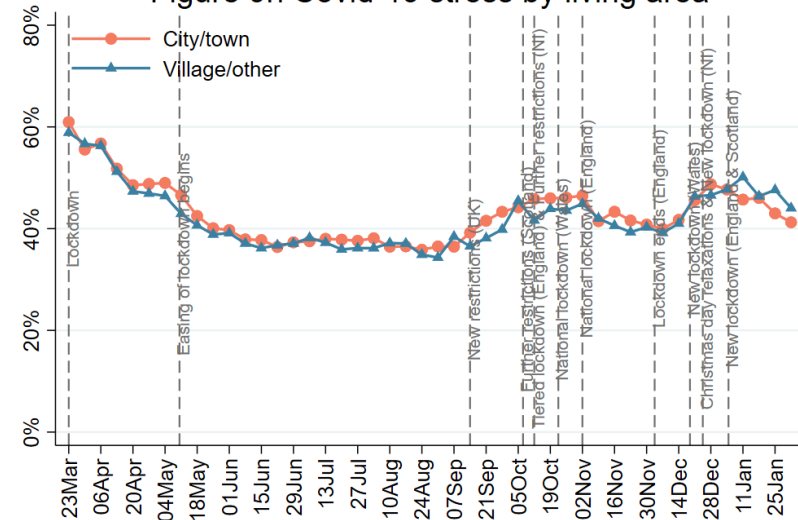


Figure 9i Covid-19 stress by gender

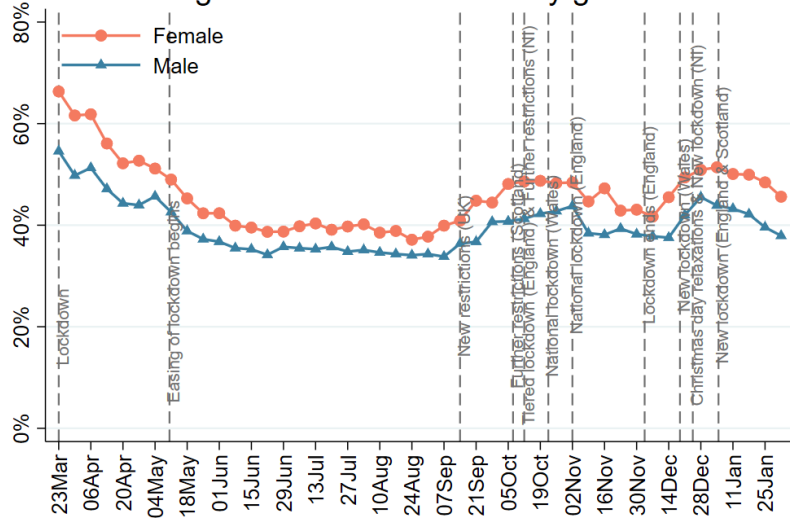


Figure 9j Covid-19 stress by ethnicity

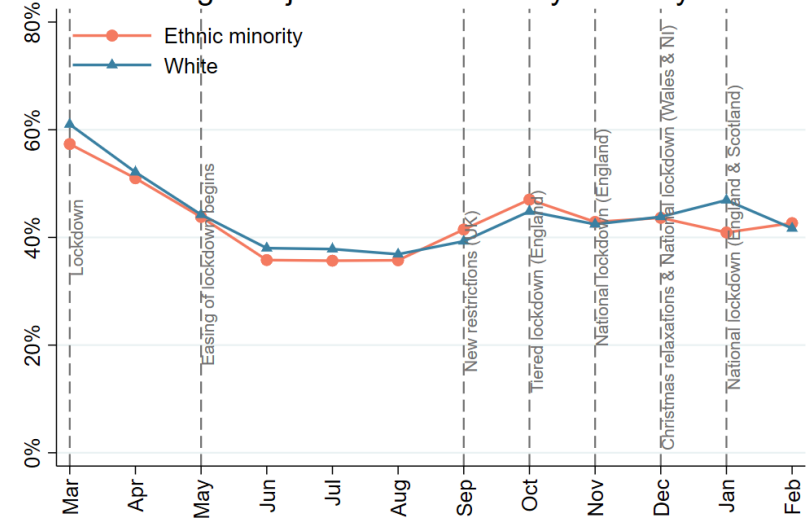


Figure 9k Covid-19 stress by educational levels

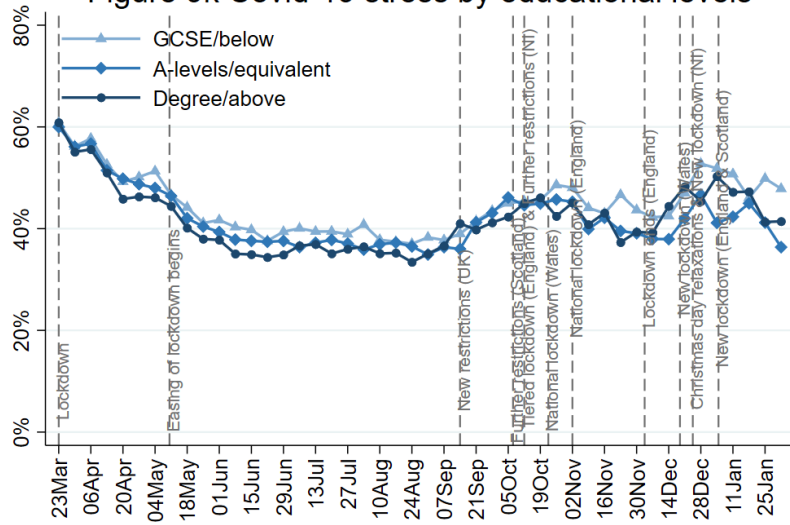


Figure 9l Covid-19 stress by physical health diagnosis

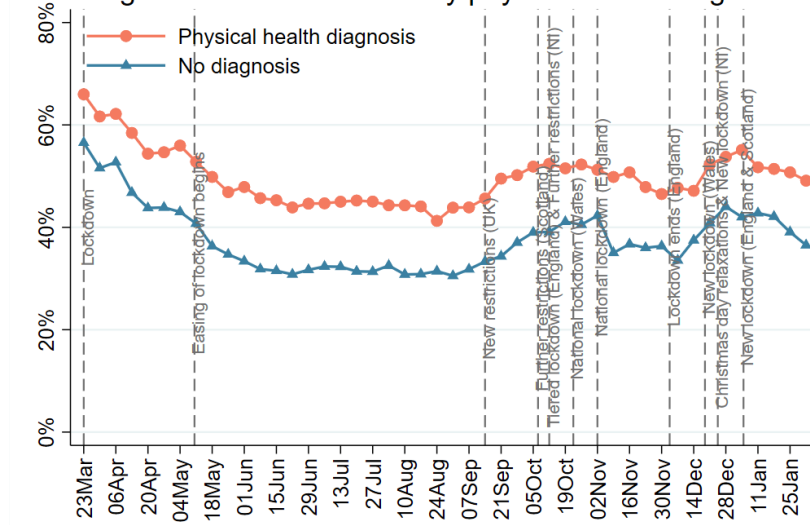


Figure 10a Unemployment stress by age groups

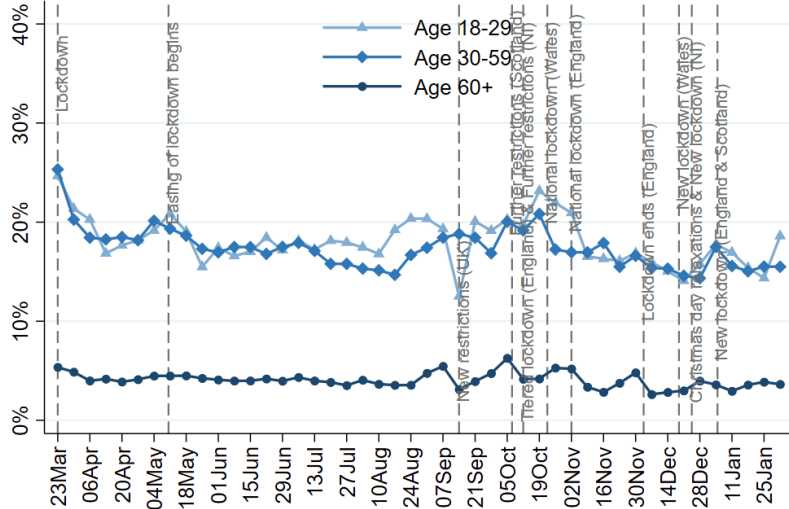


Figure 10b Unemployment stress by living arrangement

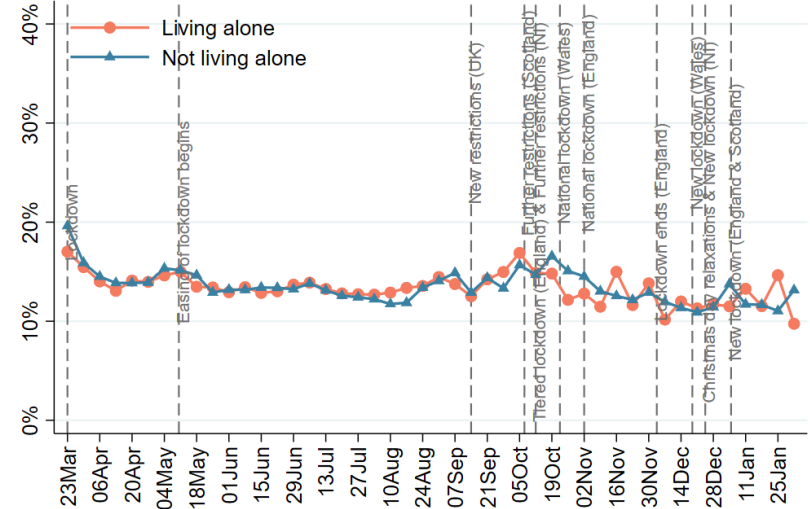


Figure 10c Unemployment stress by household income

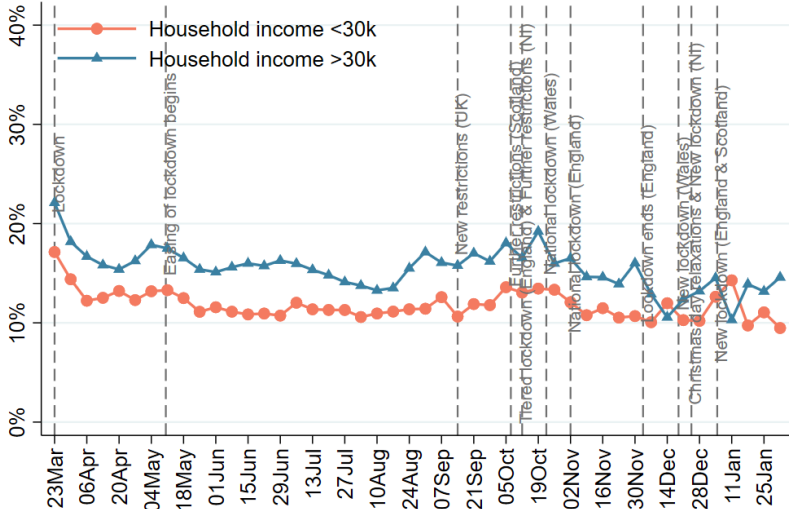


Figure 10d Unemployment stress by mental health

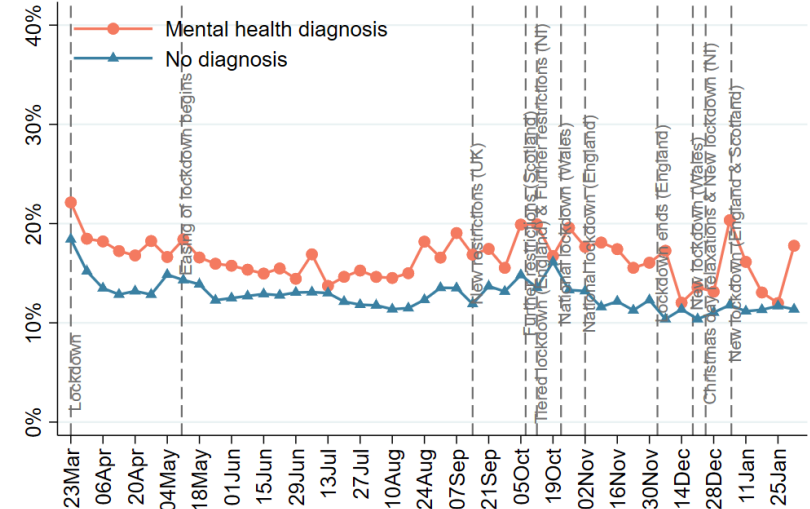


Figure 10e Unemployment stress by nations

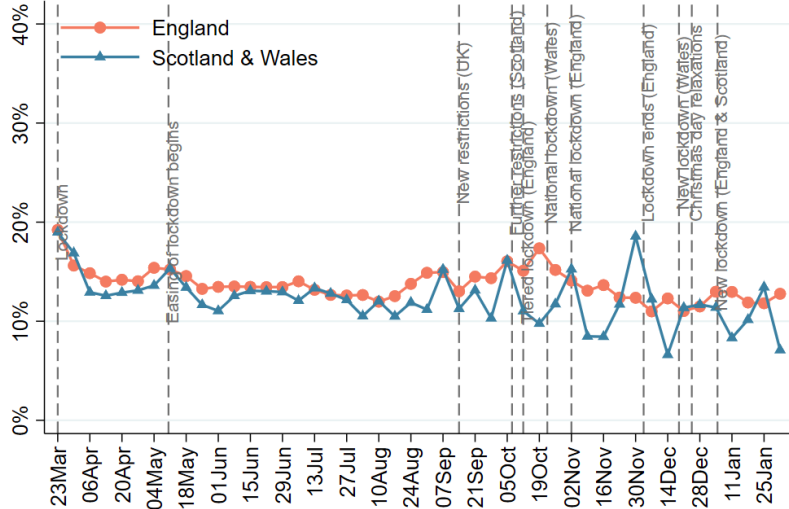


Figure 10f Unemployment stress by keyworker status

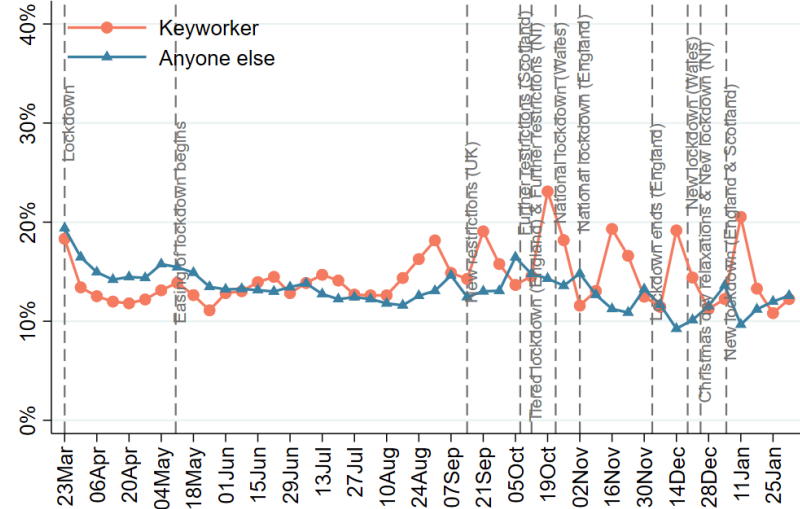


Figure 10g Unemployment stress by living with children

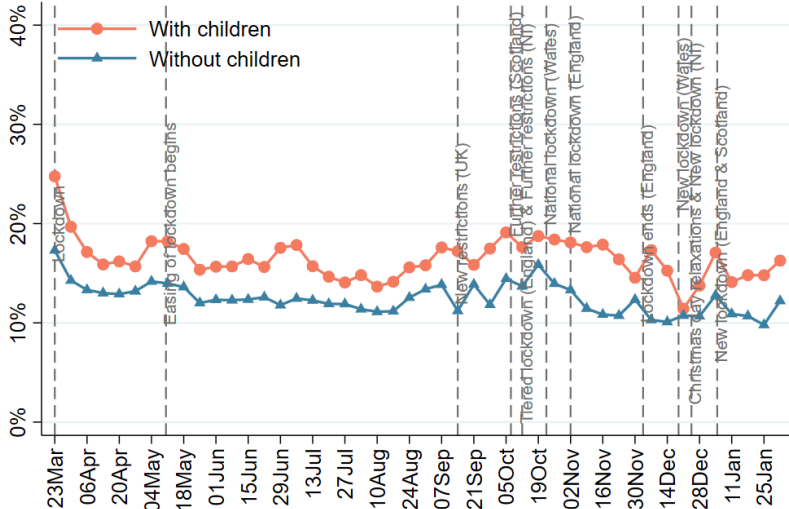


Figure 10h Unemployment stress by living area

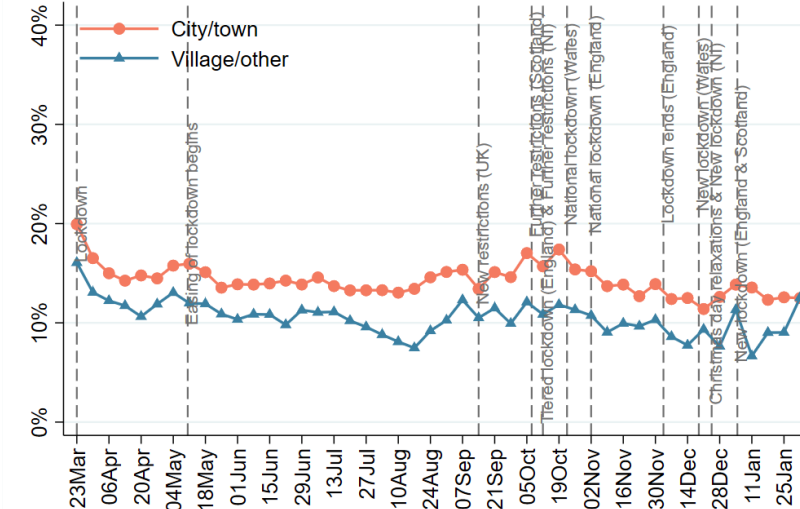


Figure 10i Unemployment stress by gender

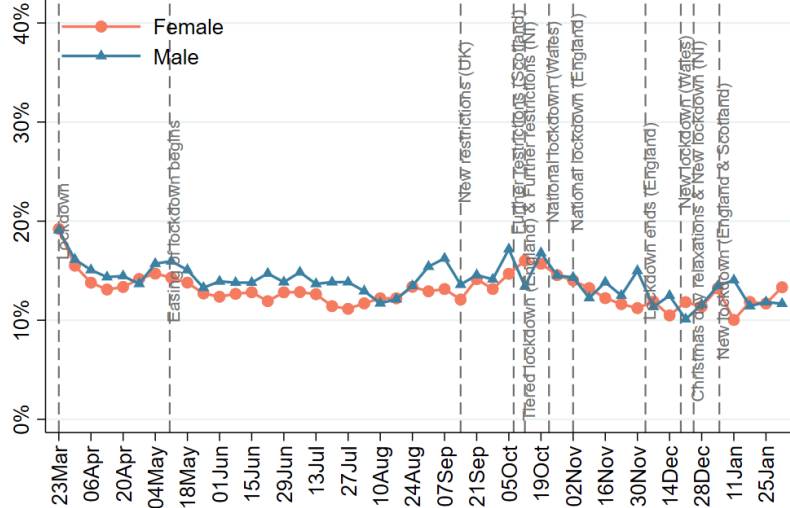


Figure 10j Unemployment stress by ethnicity

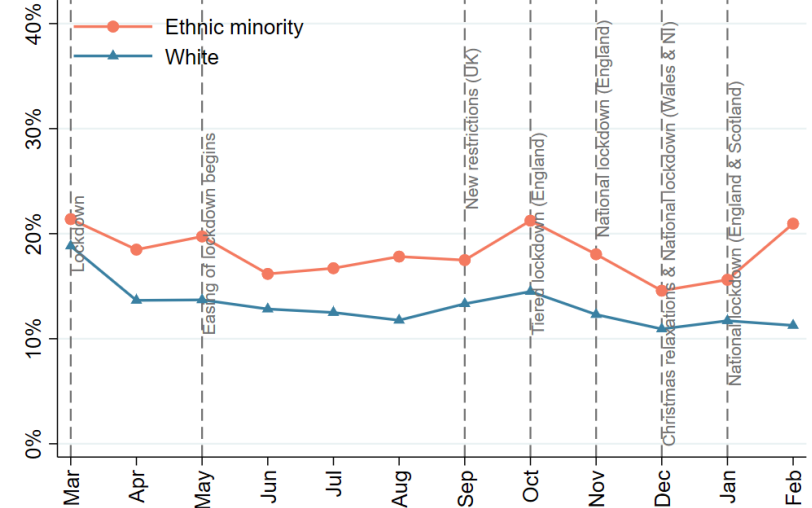


Figure 10k Unemployment stress by educational levels

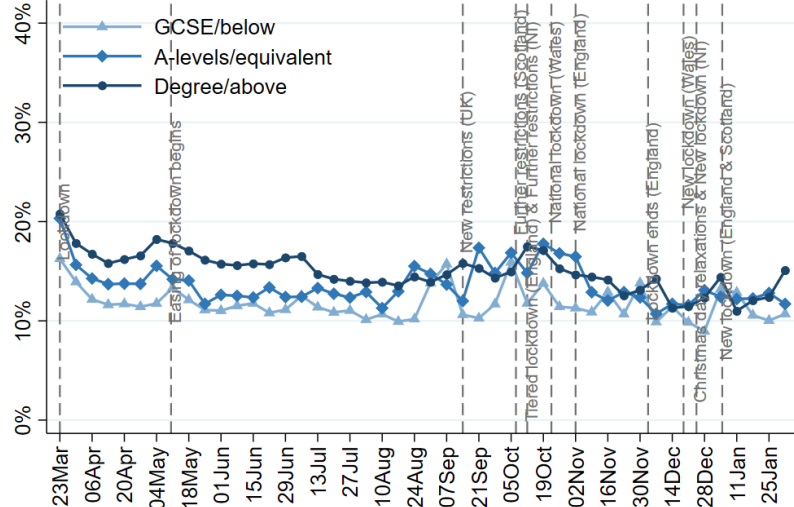


Figure 10l Unemployment stress by physical health diagnosis

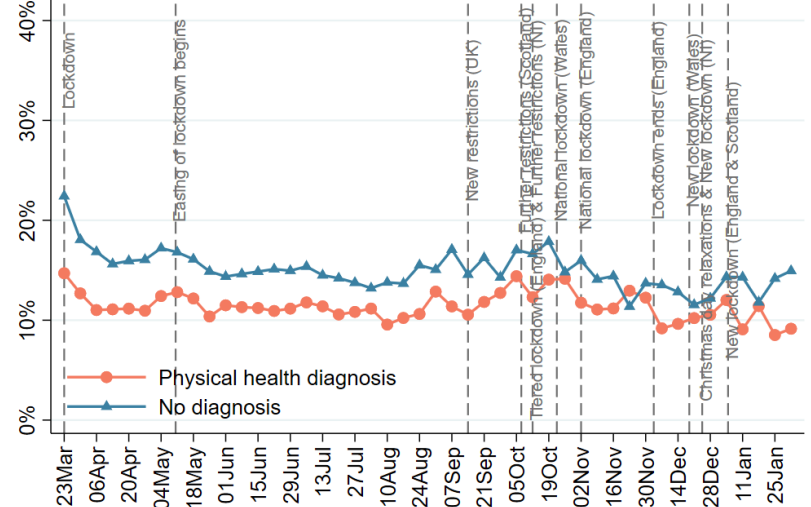


Figure 11a Financial stress by age groups

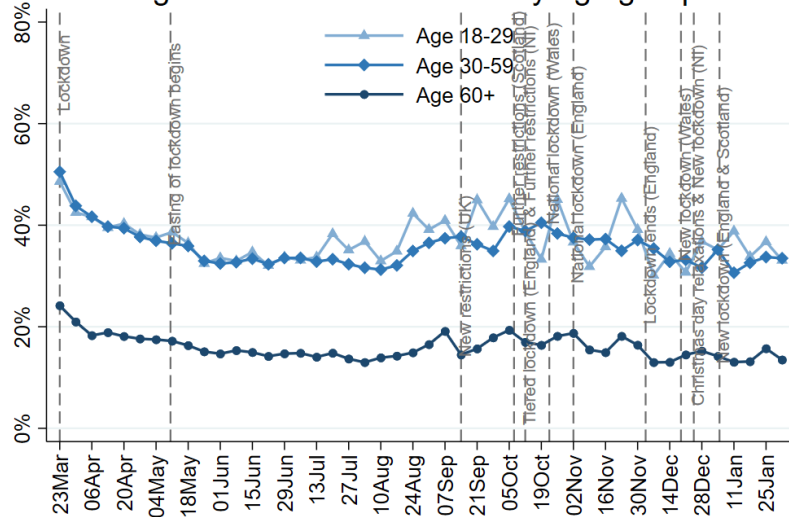


Figure 11b Financial stress by living arrangement

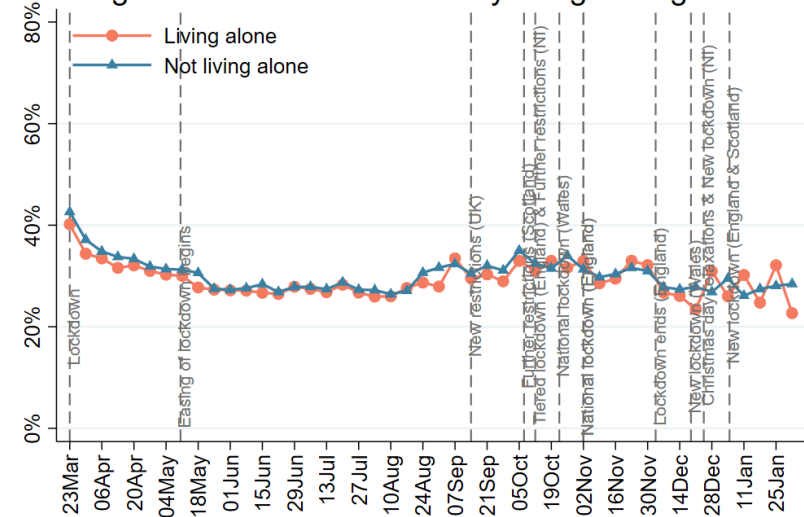


Figure 11c Financial stress by household income

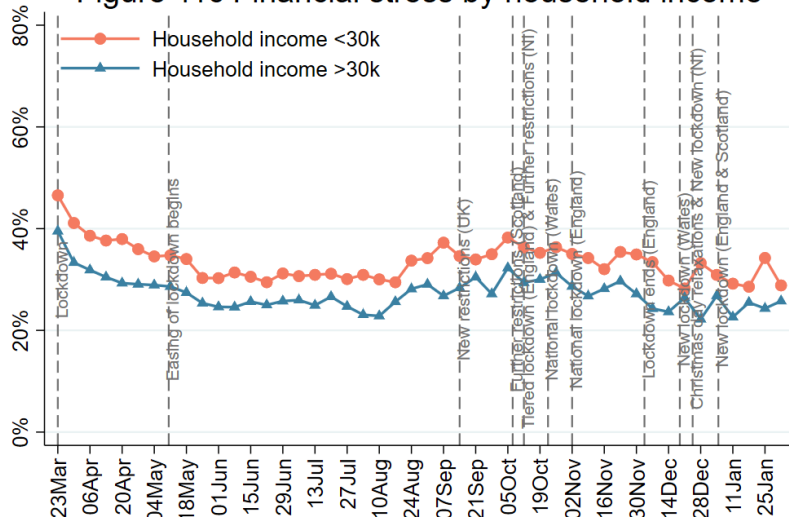


Figure 11d Financial stress by mental health diagnosis

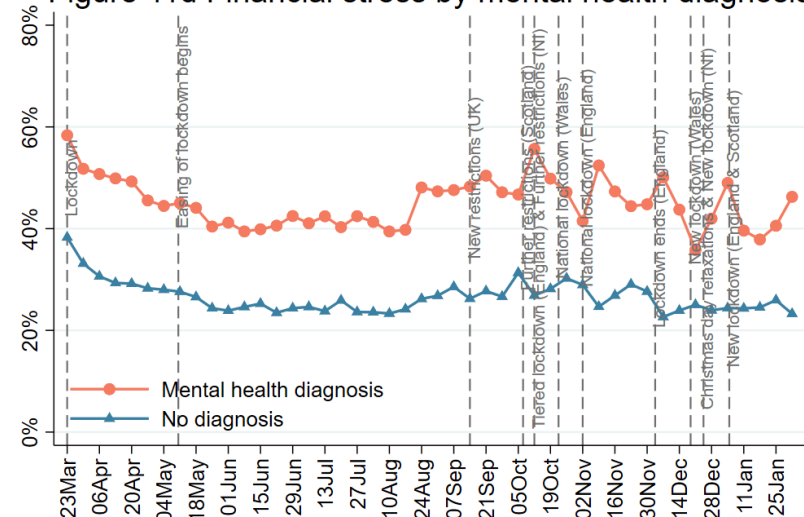


Figure 11e Financial stress by nations

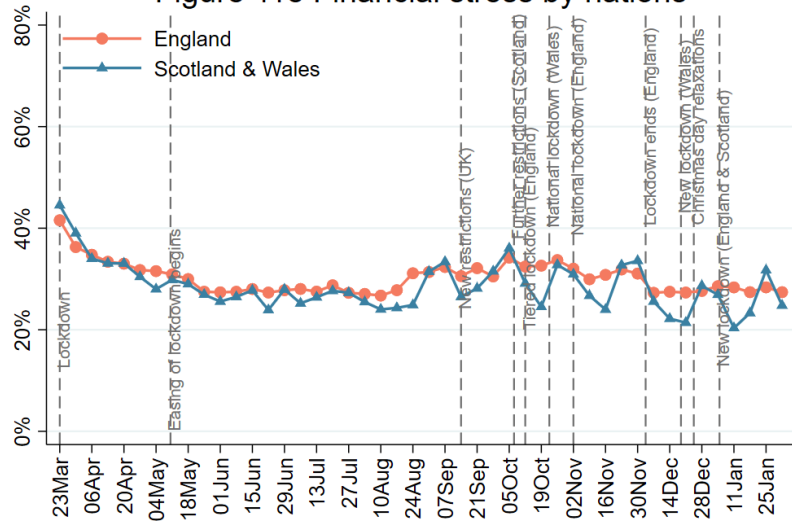


Figure 11f Financial stress by keyworker status

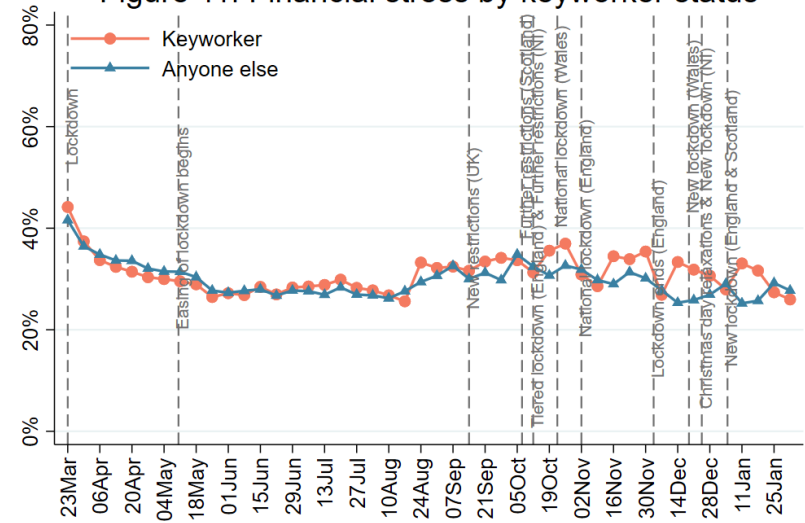


Figure 11g Financial stress by living with children

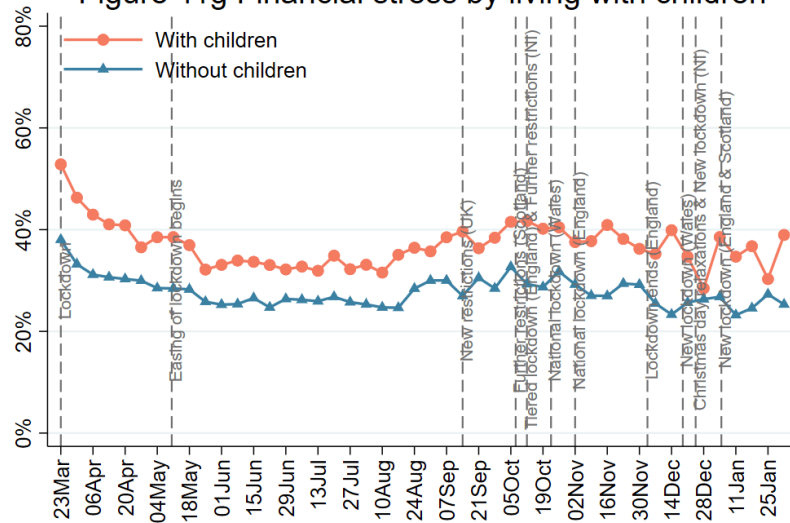


Figure 11h Financial stress by living area

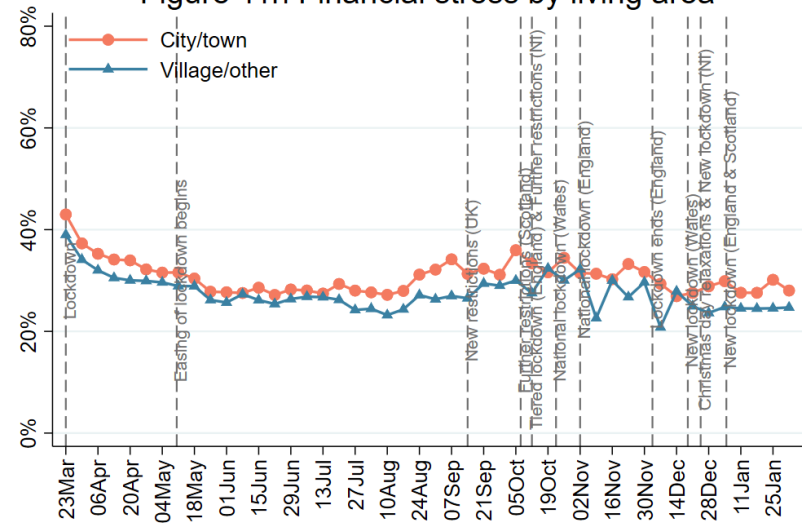


Figure 11i Financial stress by gender

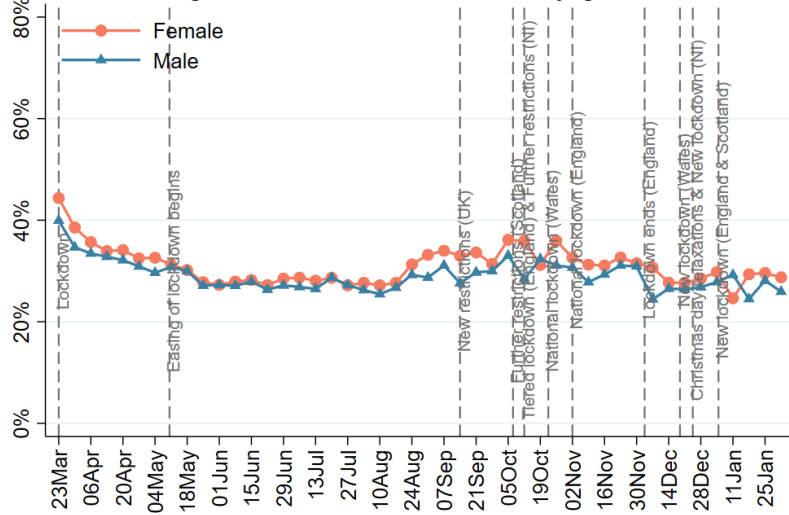


Figure 11j Financial stress by ethnicity

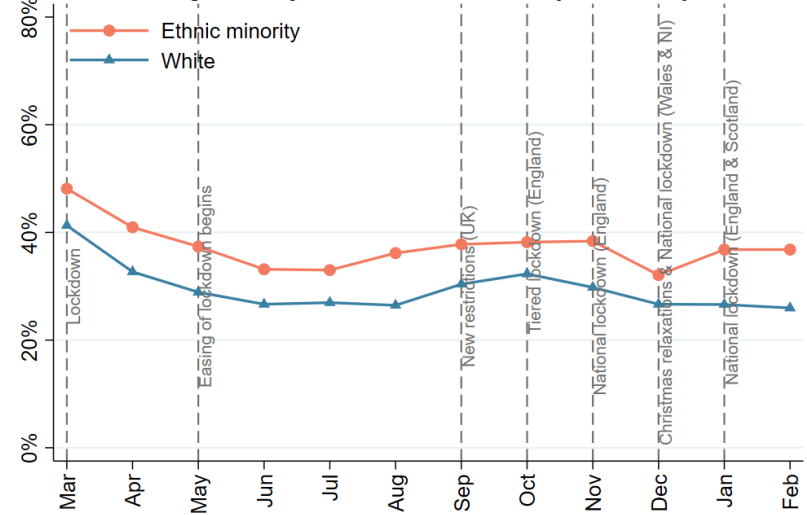


Figure 11k Financial stress by educational levels

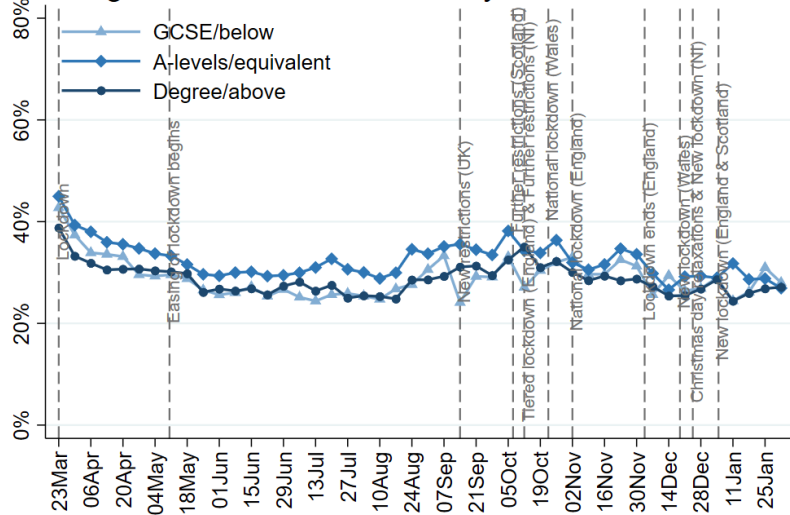


Figure 11l Financial stress by physical health diagnosis

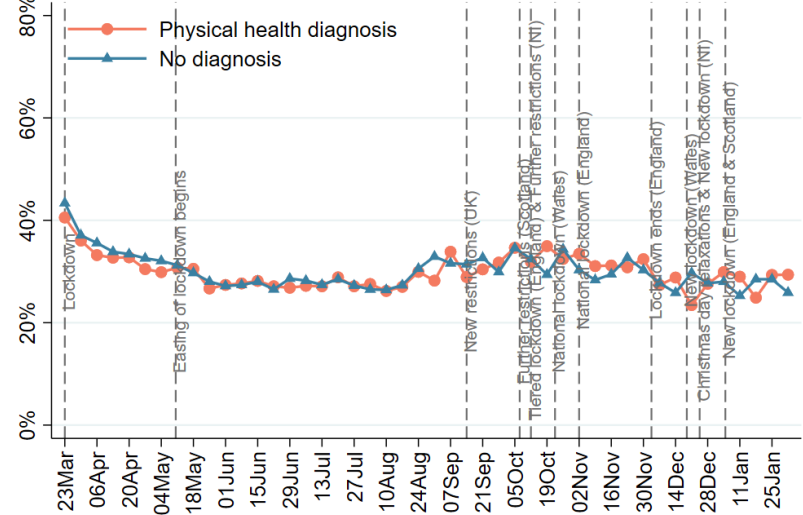




Figure 12a Food security stress by age groups

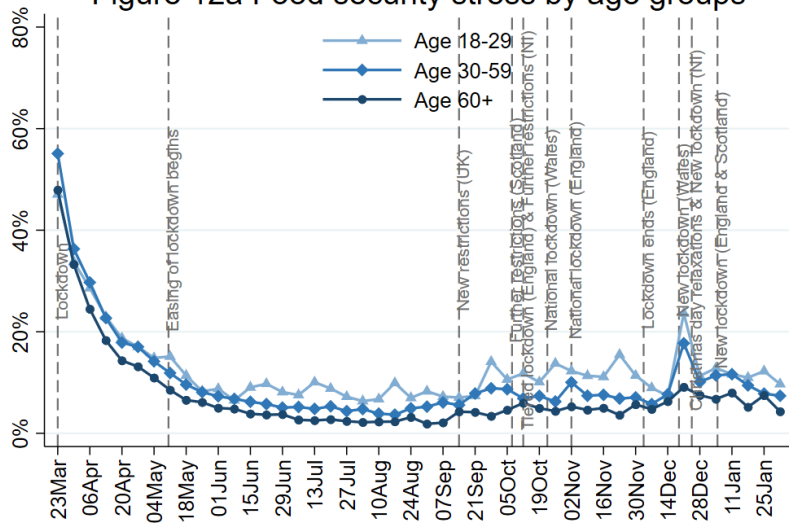


Figure 12b Food security stress by living arrangement

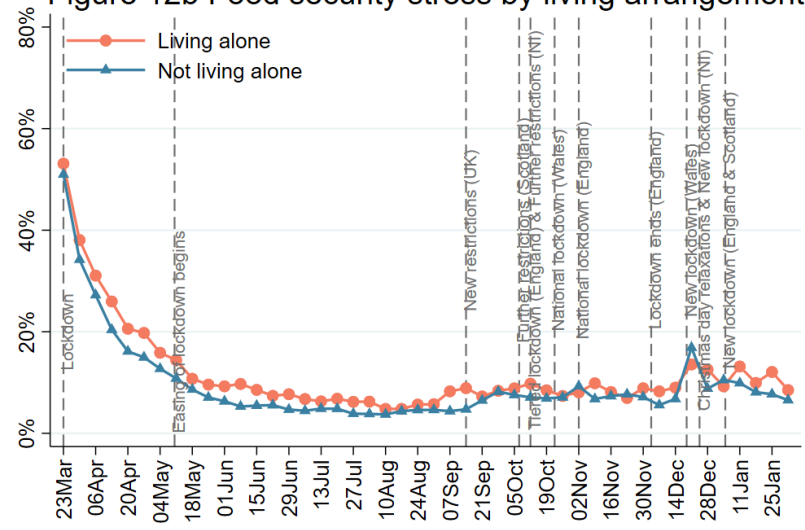


Figure 12c Food security stress by household income

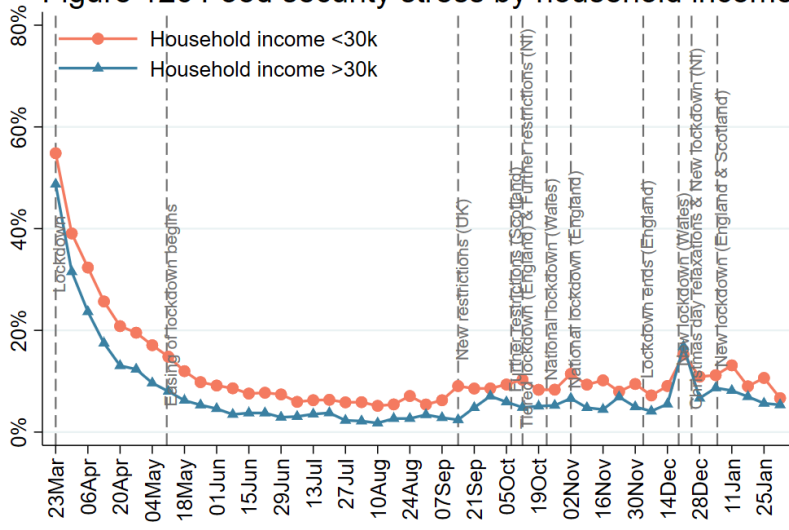


Figure 12d Food security stress by mental health

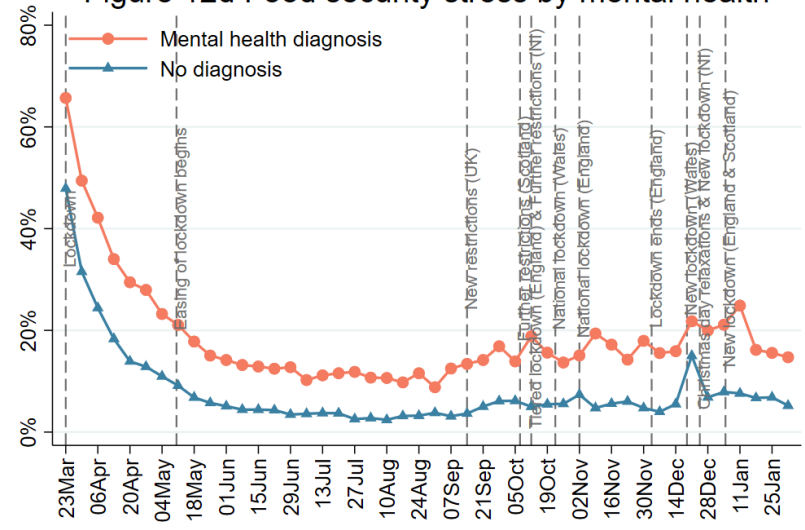


Figure 12e Food security stress by nations

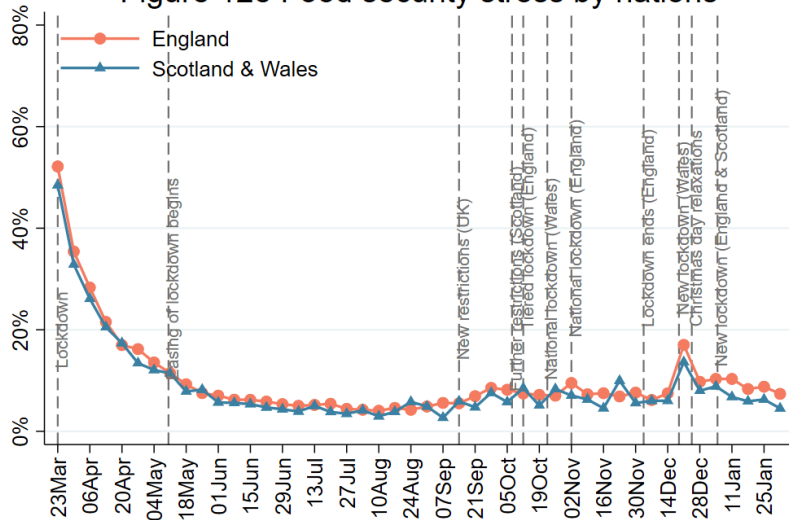


Figure 12f Food security stress by keyworker status

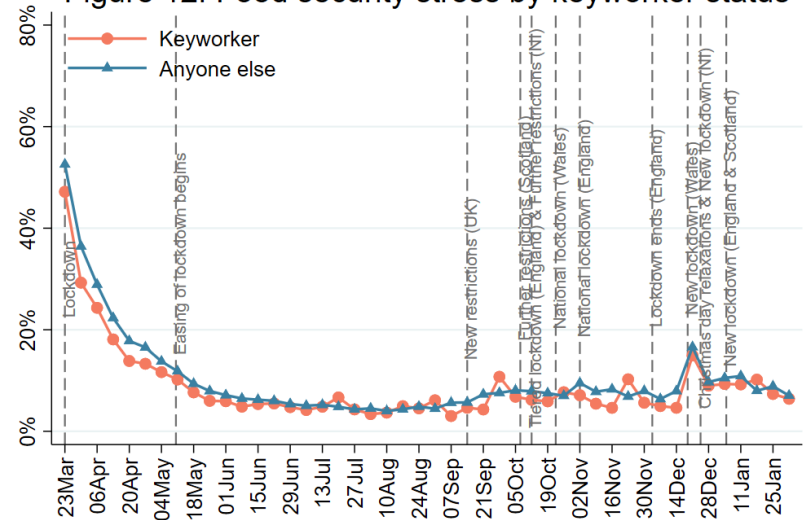


Figure 12g Food security stress by living with children

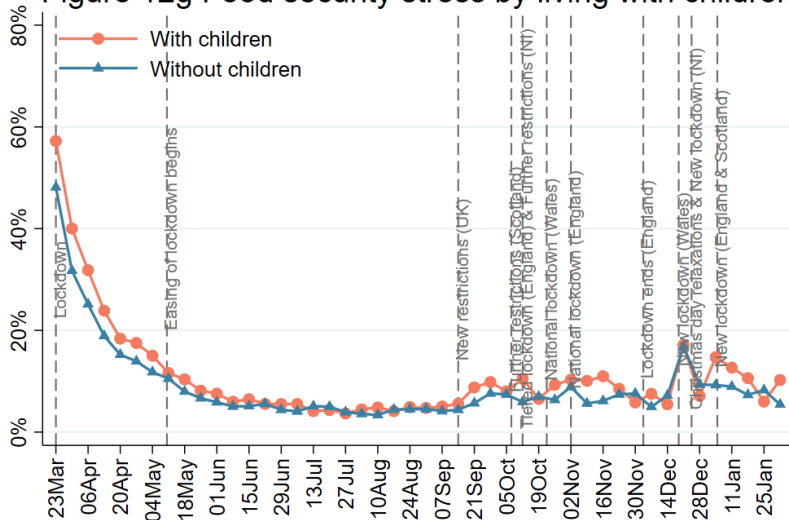


Figure 12h Food security stress by living area

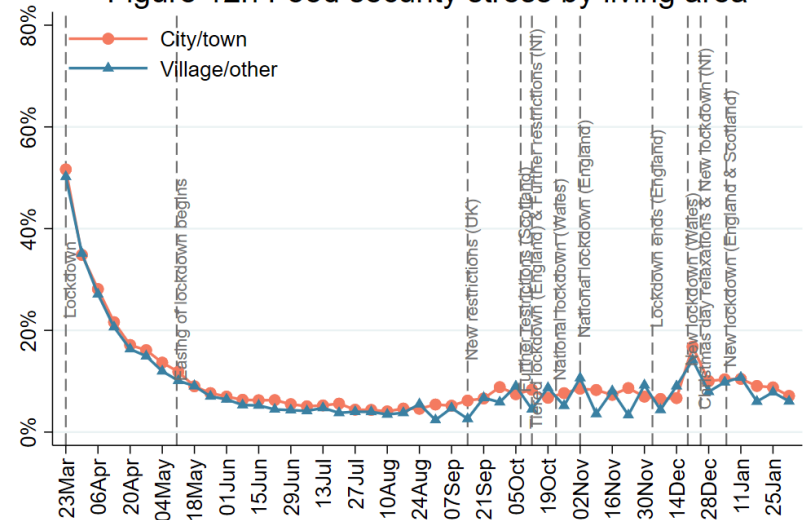


Figure 12i Food security stress by gender

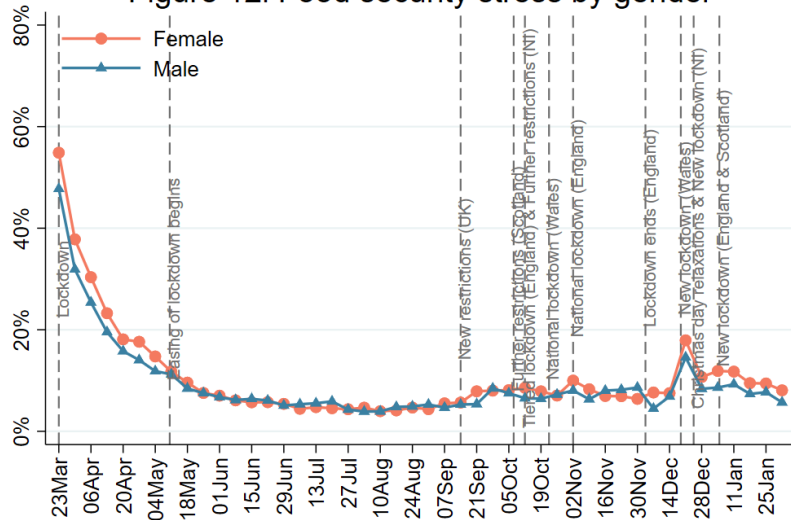


Figure 12j Food security stress by ethnicity

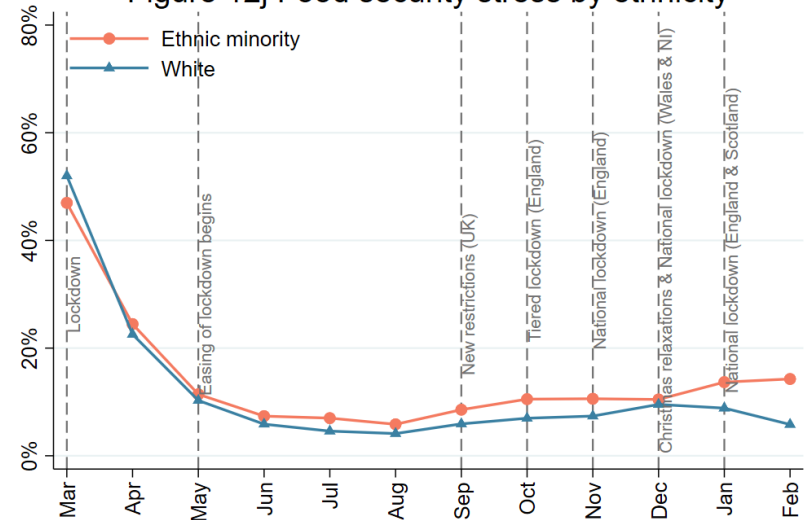


Figure 12k Food security stress by educational levels

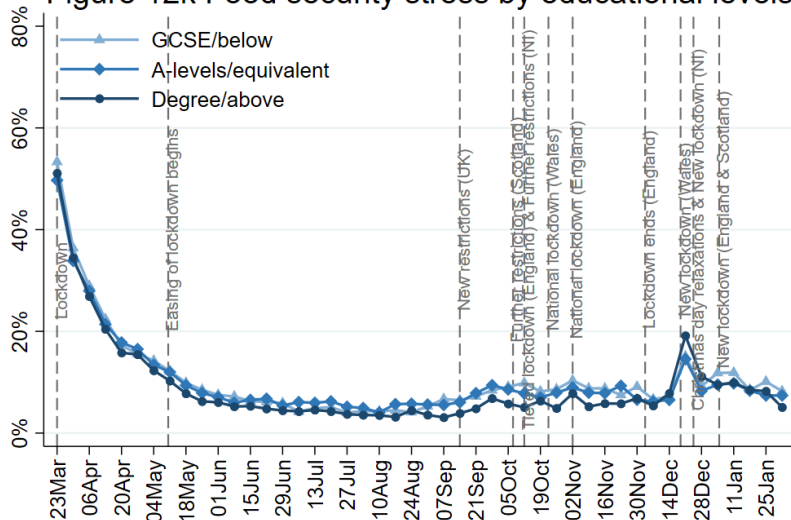
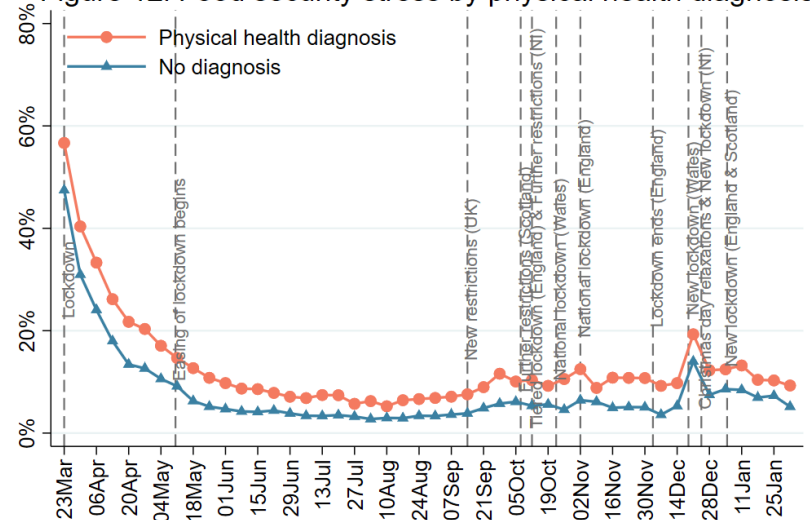
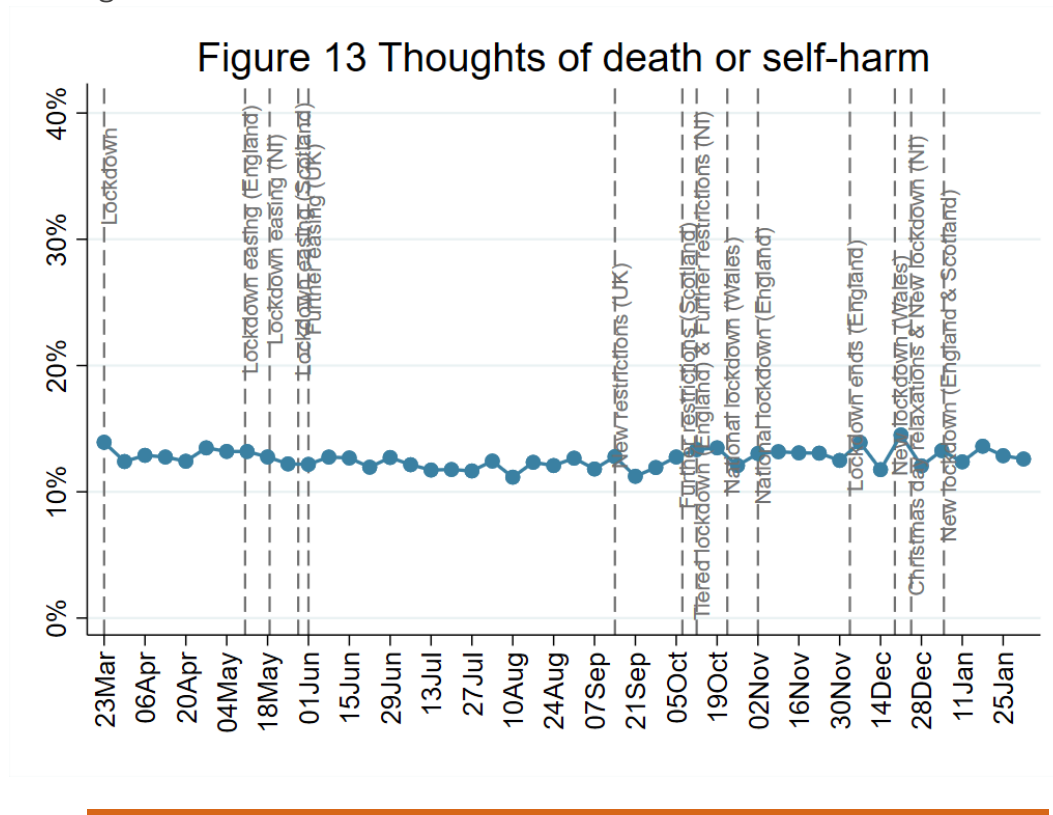


Figure 12l Food security stress by physical health diagnosis



### 3. Self-harm and abuse

#### 3.1 Thoughts of death or self-harm



#### FINDINGS

Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, someone has had “thoughts that you would be better off dead or of hurting yourself in some way”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated having such thoughts.

There continues to be no clear change in thoughts of death or self-harm. Percentages of people having thoughts of death or self-harm have been relatively stable throughout the pandemic. They remain higher amongst younger adults, with over one-quarter reporting thoughts of death or self-harm. Thoughts of death or self-harm are also higher in those with a diagnosed mental health condition, those with lower incomes, in urban areas, amongst those in ethnic minority groups, and in adults with a physical health diagnosis. **In the past weeks, they appear to be rising amongst individuals in minority ethnic groups and are at their highest since the start of the first lockdown.** We are continuing to track this carefully.

Figure 14a Thoughts of death by age groups

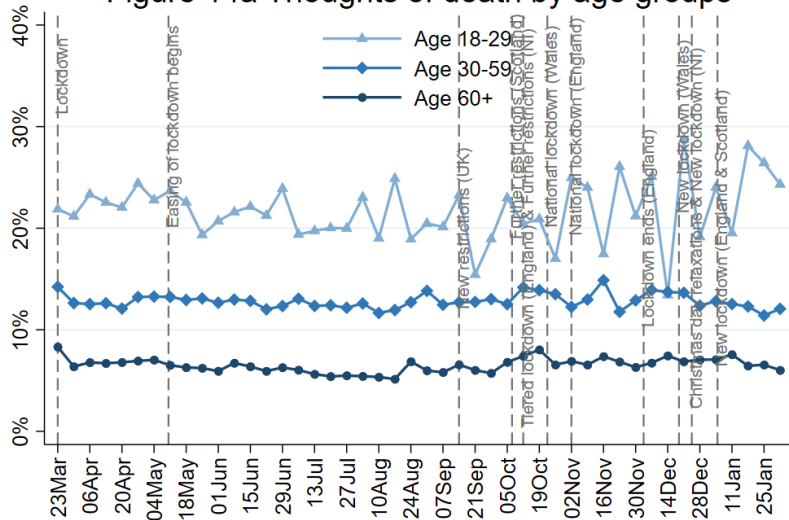


Figure 14b Thoughts of death by living arrangement

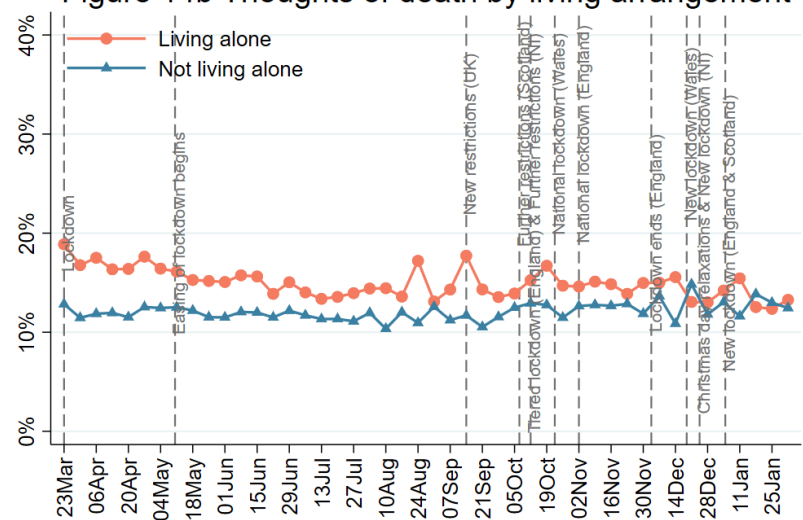


Figure 14c Thoughts of death by household income

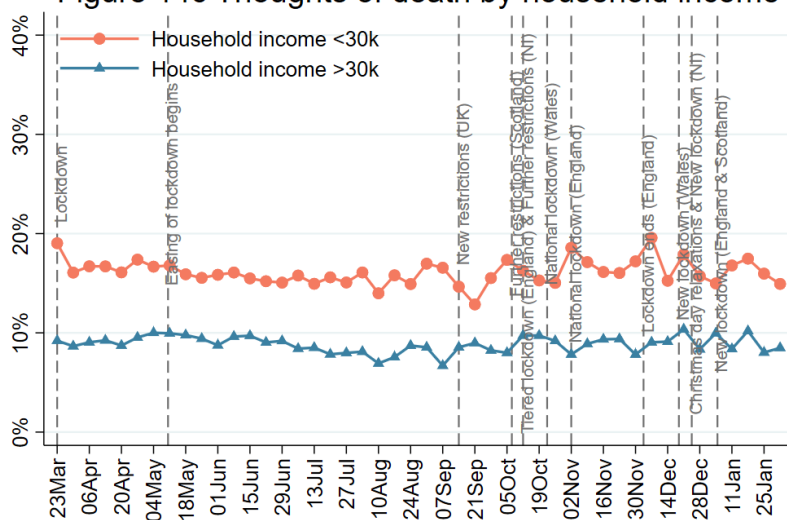


Figure 14d Thoughts of death by mental health diagnosis

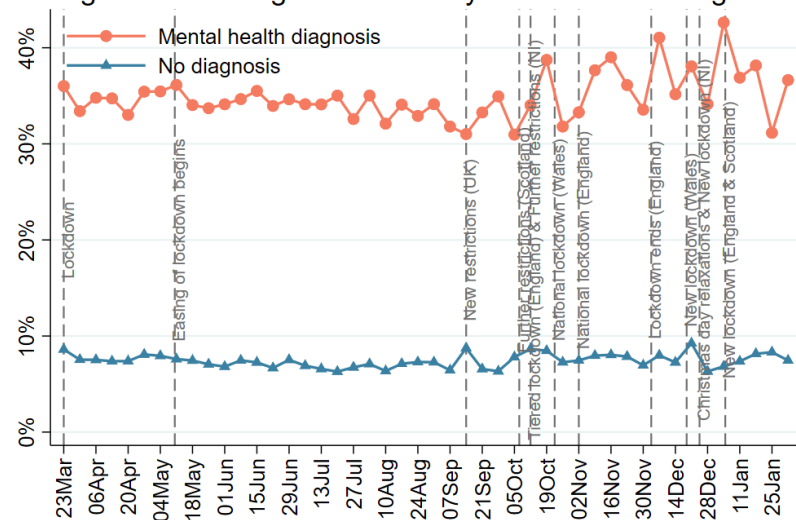


Figure 14e Thoughts of death by nations

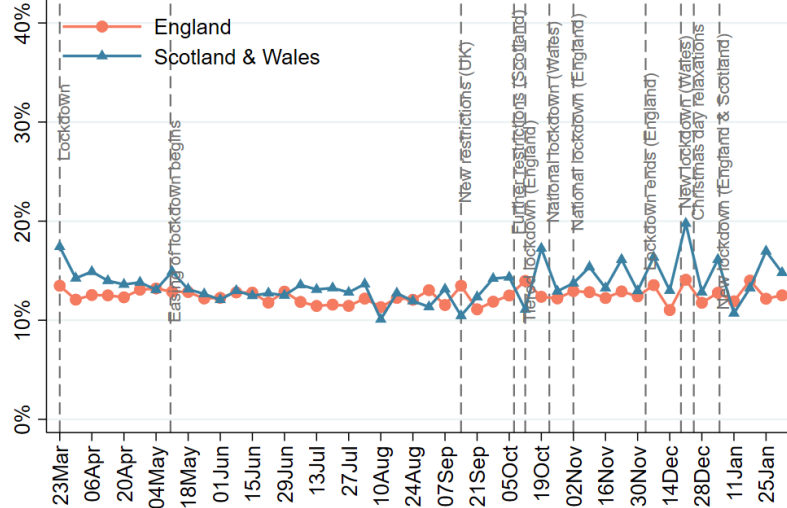


Figure 14f Thoughts of death by keyworker status

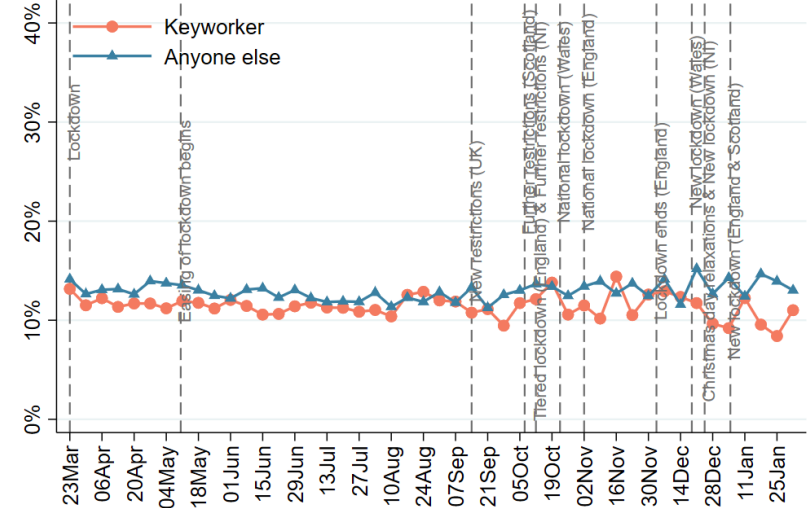


Figure 14g Thoughts of death by living with children

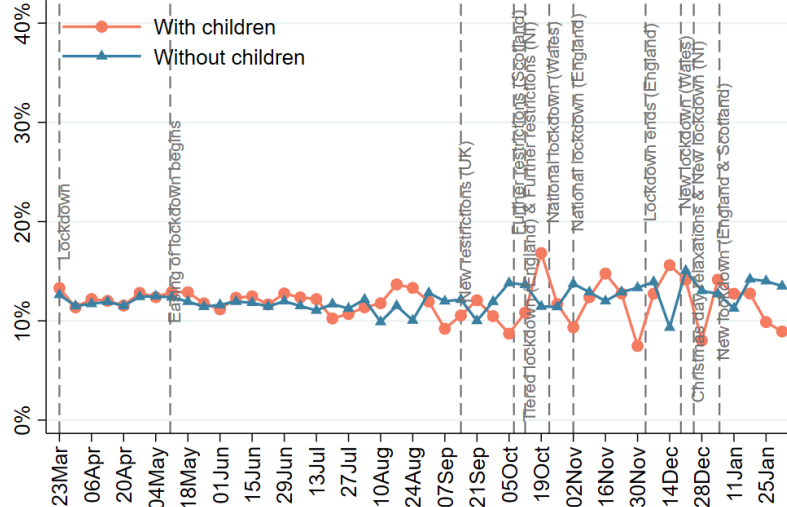


Figure 14h Thoughts of death by living area

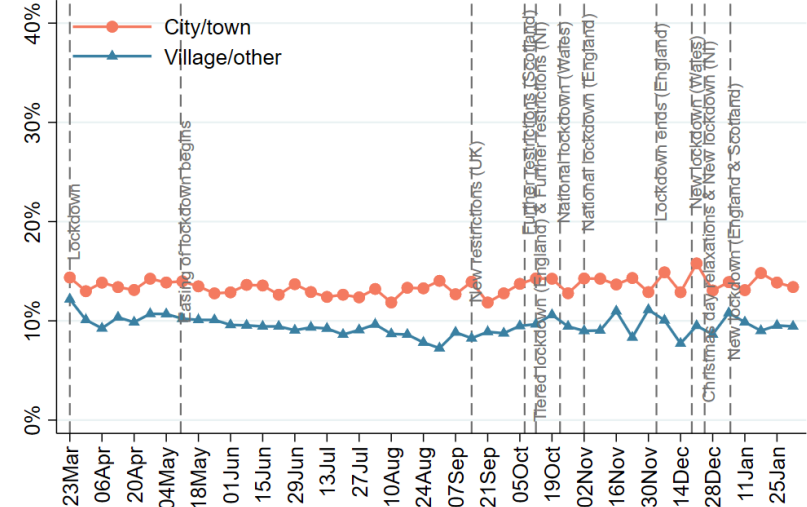


Figure 14i Thoughts of death by gender

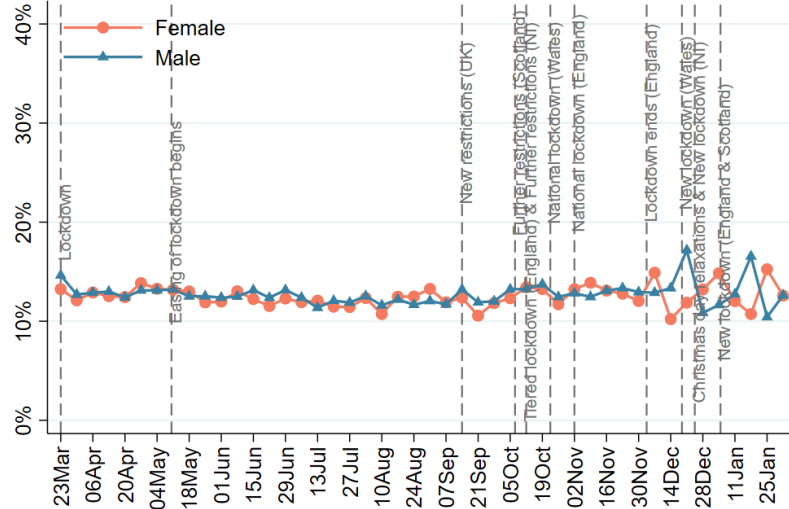


Figure 14j Thoughts of death by ethnicity

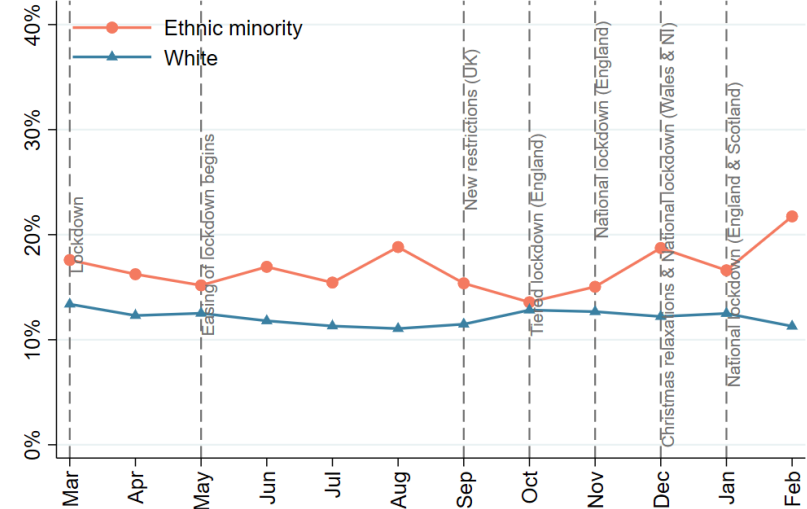


Figure 14k Thoughts of death by educational levels

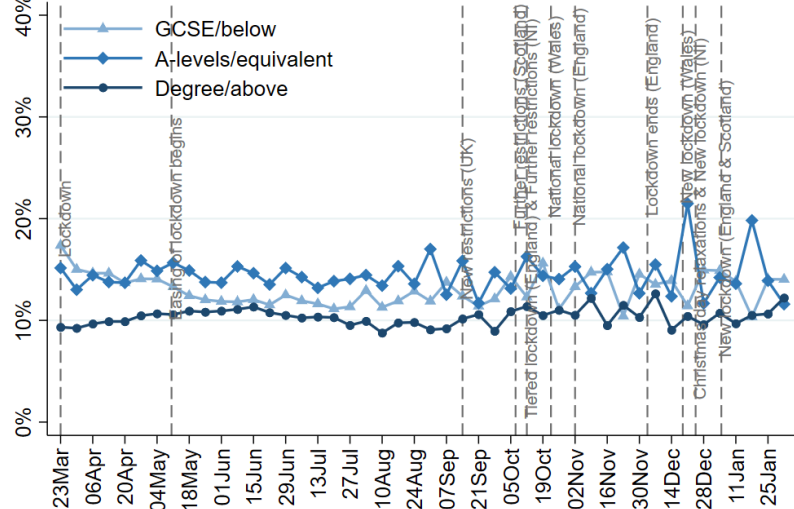
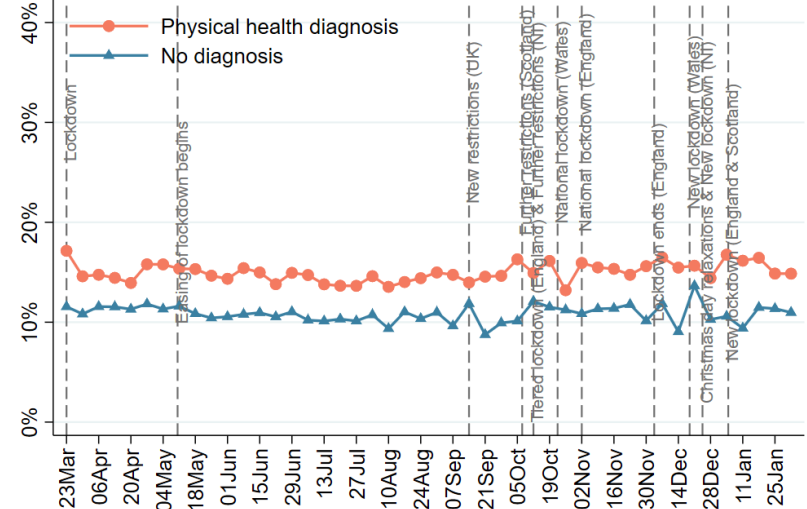
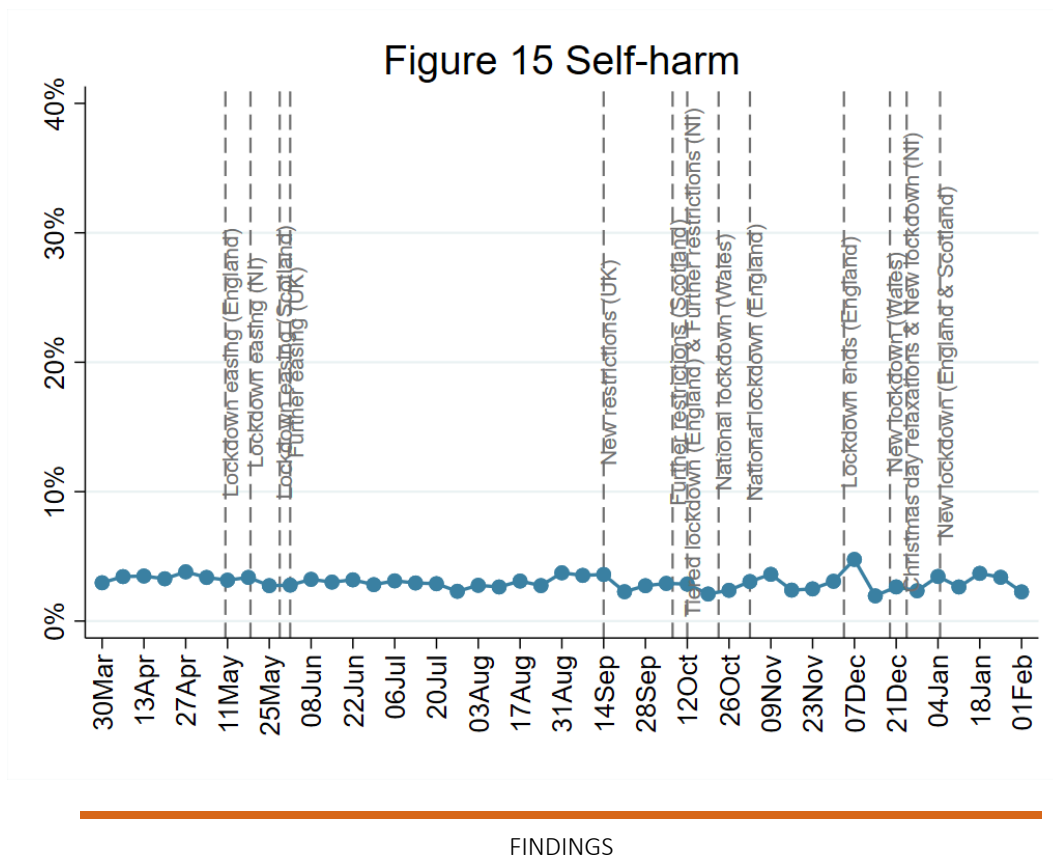


Figure 14l Thoughts of death by physical health diagnosis



### 3.2 Self-harm



Self-harm was assessed using a question that asks whether someone in the last week has been “self-harming or deliberately hurting yourself”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated any self-harming.

Self-harm has remained relatively stable over the past two months. Self-harm remains higher amongst younger adults, those with lower household income, and those with a diagnosed mental health condition. It is now slightly higher amongst people who are not keyworkers.

It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.<sup>3</sup>

<sup>3</sup> Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days. NB the question on self-harm was asked starting on 30 March 2020 and thus the x-axes for these graphs are slightly different compared to the other graphs in this report.



Figure 16a Self-harm by age groups

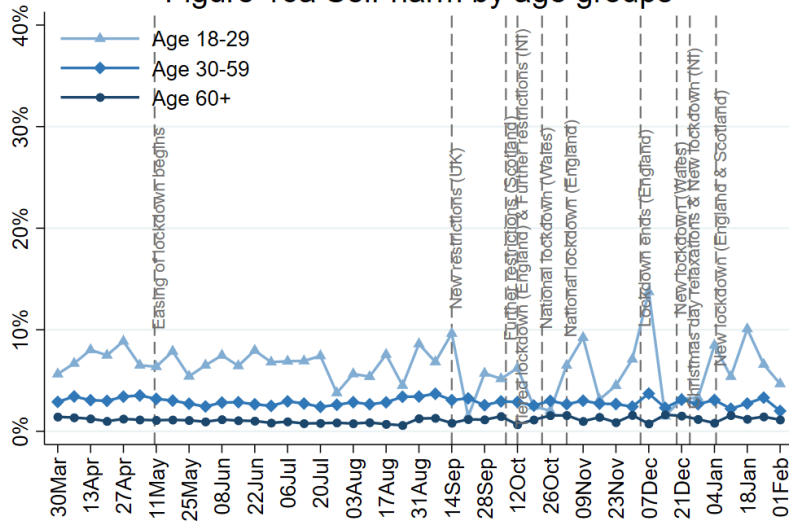


Figure 16b Self-harm by living arrangement

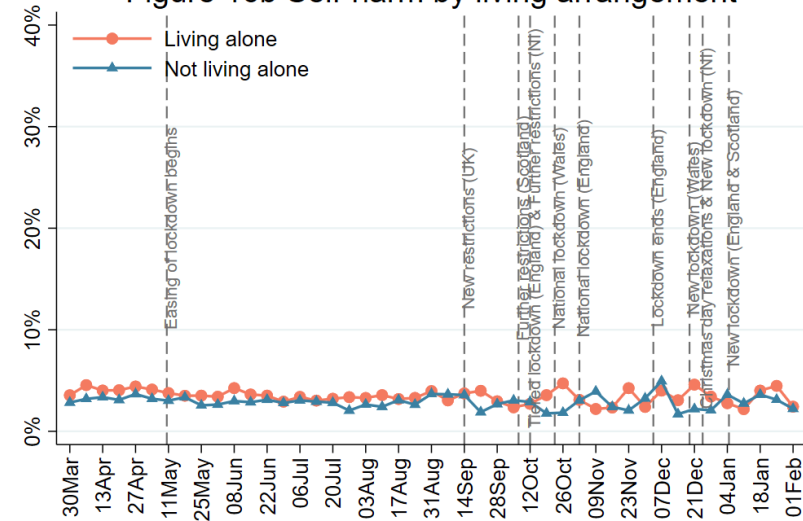


Figure 16c Self-harm by household income

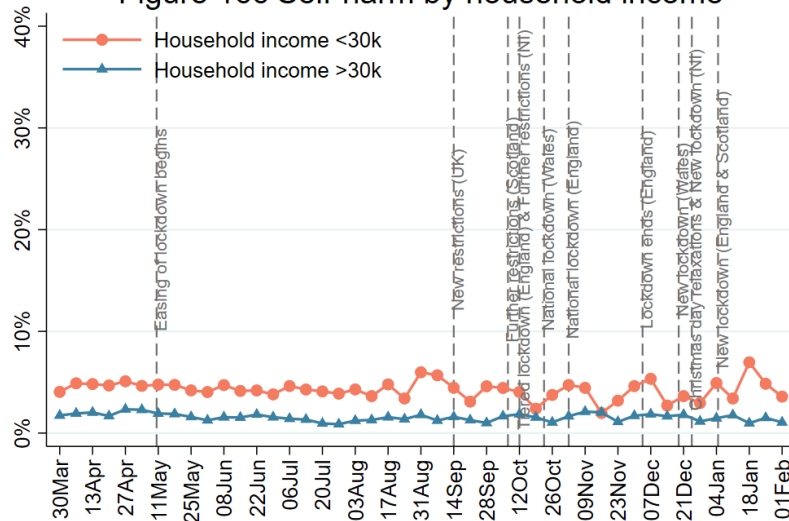


Figure 16d Self-harm by mental health diagnosis

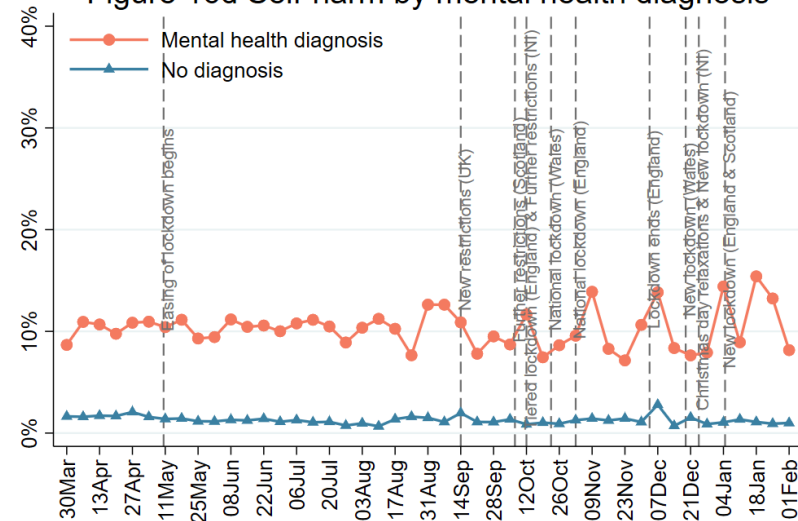


Figure 16e Self-harm by nations

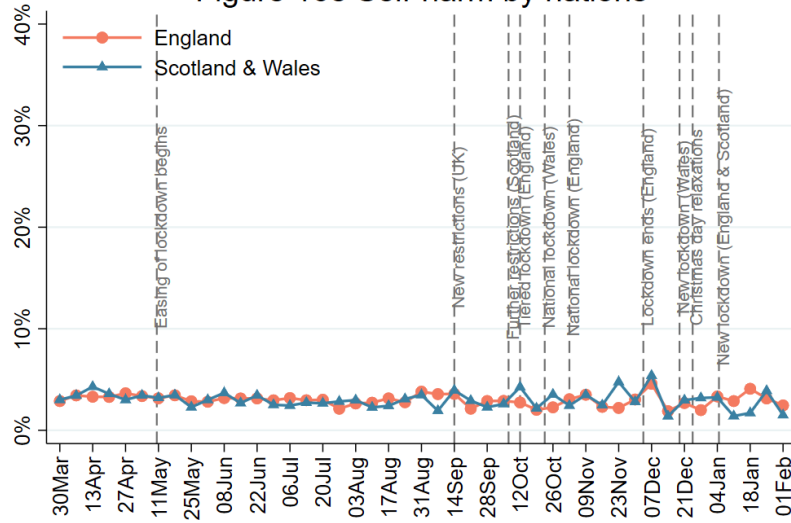


Figure 16f Self-harm by keyworker status

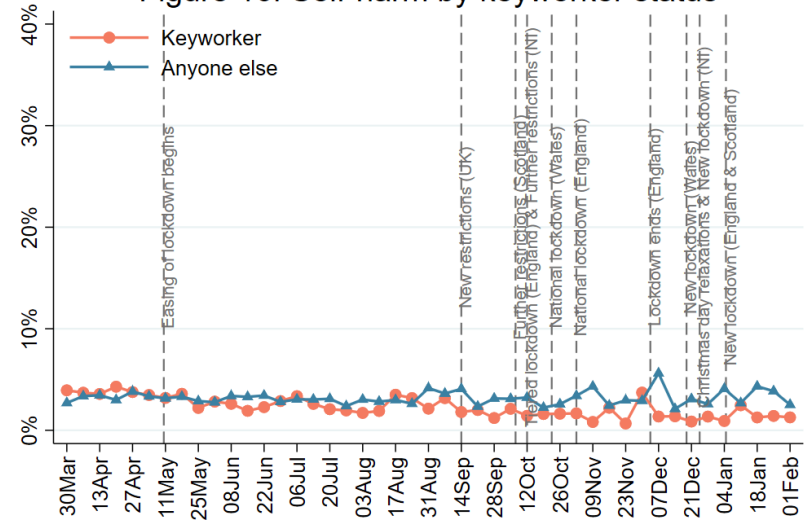


Figure 16g Self-harm by living with children

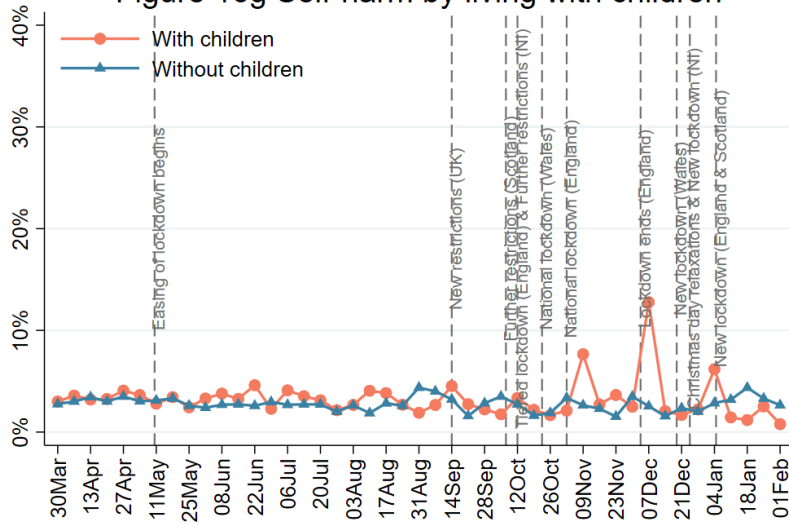


Figure 16h Self-harm by living area

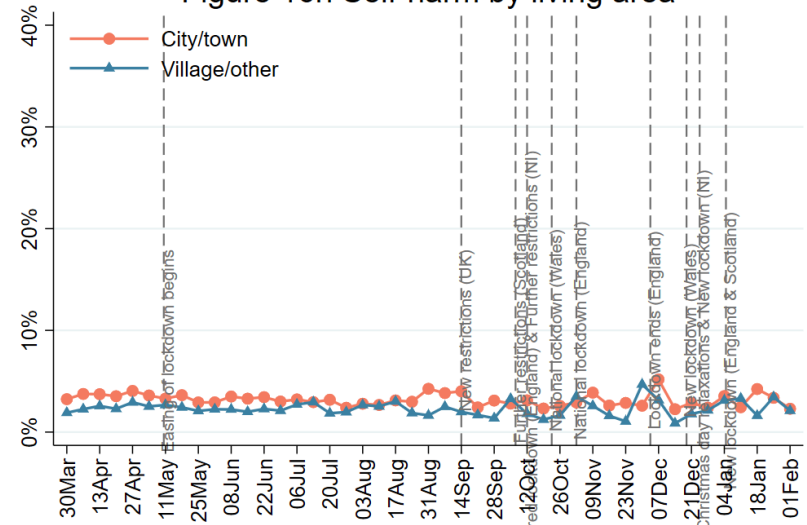


Figure 16i Self-harm by gender

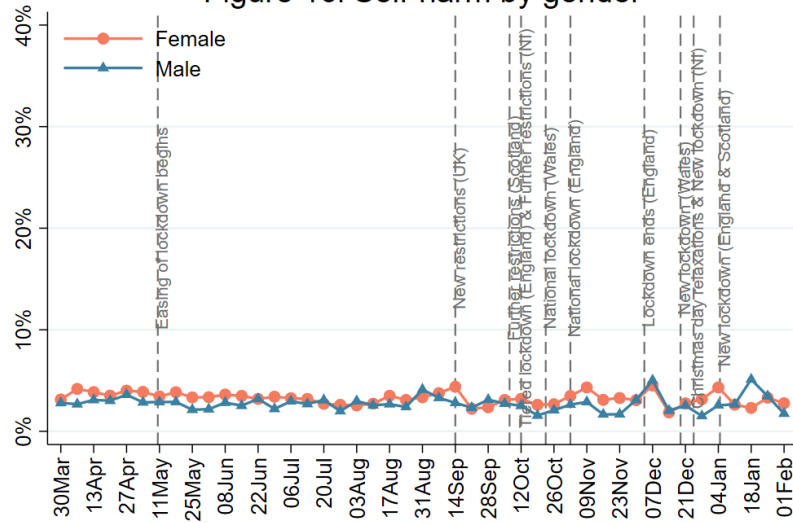


Figure 16j Self-harm by ethnicity

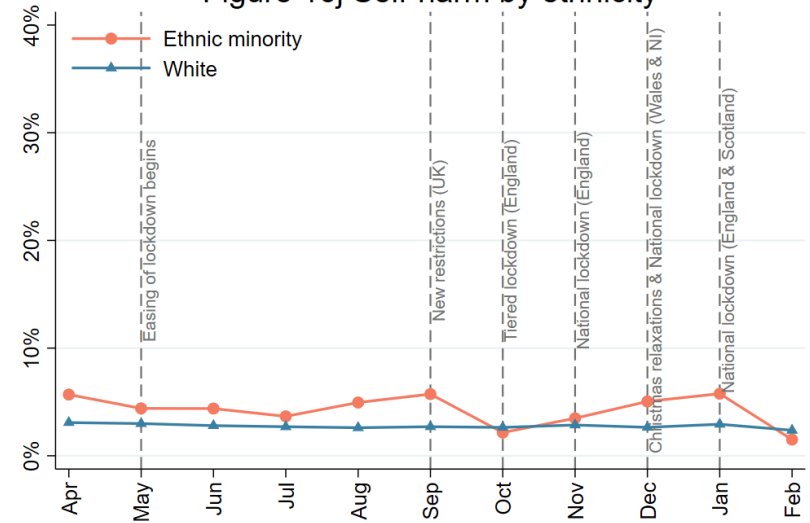


Figure 16k Self-harm by educational levels

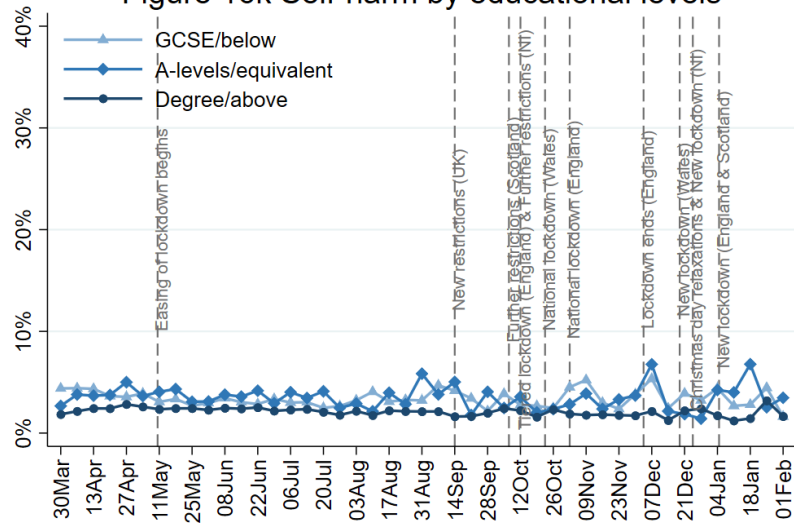
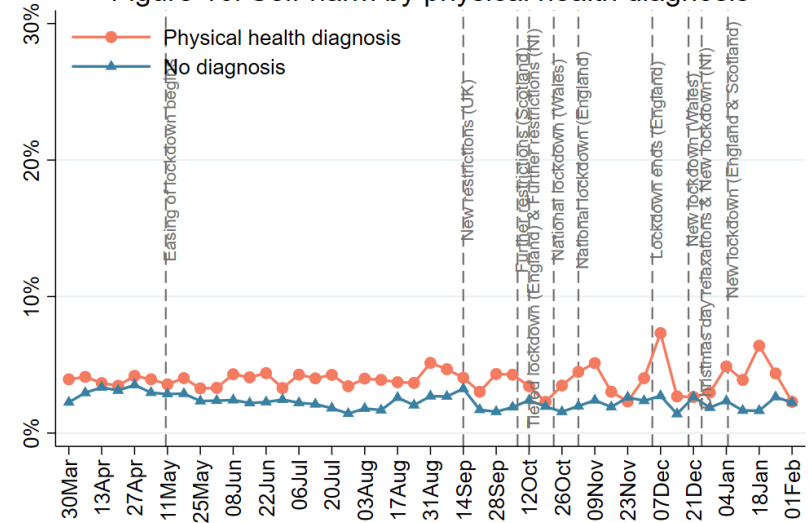
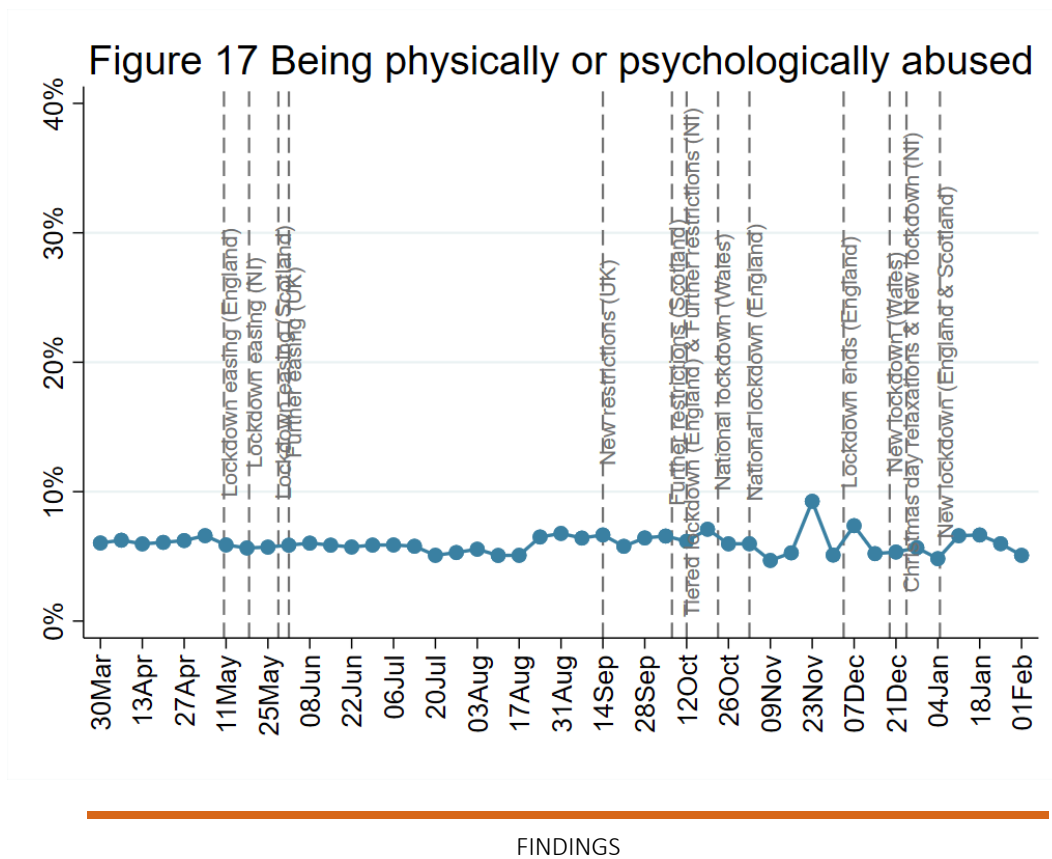


Figure 16l Self-harm by physical health diagnosis



### 3.3 Abuse



Abuse was measured using two questions that ask if someone has experienced in the last week “being physically harmed or hurt by someone else” or “being bullied, controlled, intimidated, or psychologically hurt by someone else”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response on either item that indicated any experience of psychological or physical abuse.

Abuse has remained relatively stable in the past few months. It remains higher amongst people with a diagnosed mental or physical health condition. It is also slightly higher amongst people with lower household income, and people from ethnic minority backgrounds but appears to have been decreasing in the last month. This pattern remains to be explored further in the coming weeks. Whilst abuse increased slightly more amongst non-keyworkers after the start of the third lockdown, levels of abuse are now similar in keyworkers and everyone else.

It should be noted that not all people who experienced physical or psychological abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.<sup>4</sup>

<sup>4</sup> Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days. NB the question on self-harm was asked starting on 30 March 2020 and thus the x-axis for these graphs are slightly different compared to the other graphs in this report.

Figure 18a Abuse by age groups

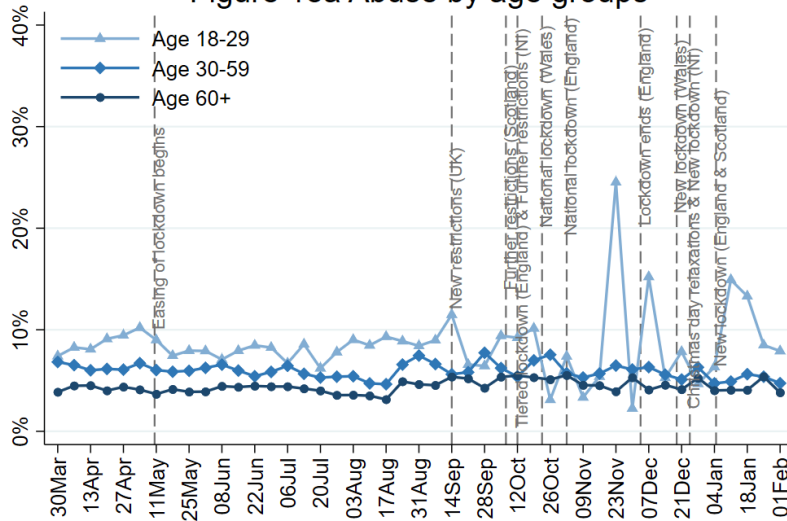


Figure 18b Abuse by living arrangement

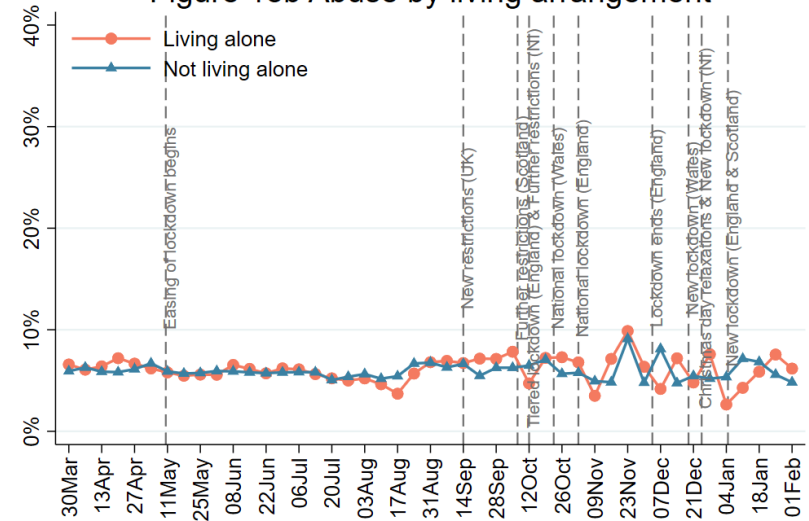


Figure 18c Abuse by household income

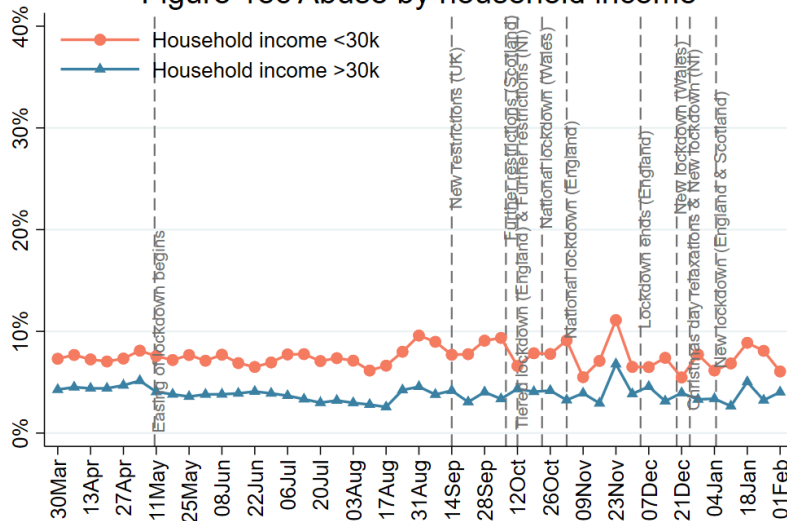


Figure 18d Abuse by mental health diagnosis

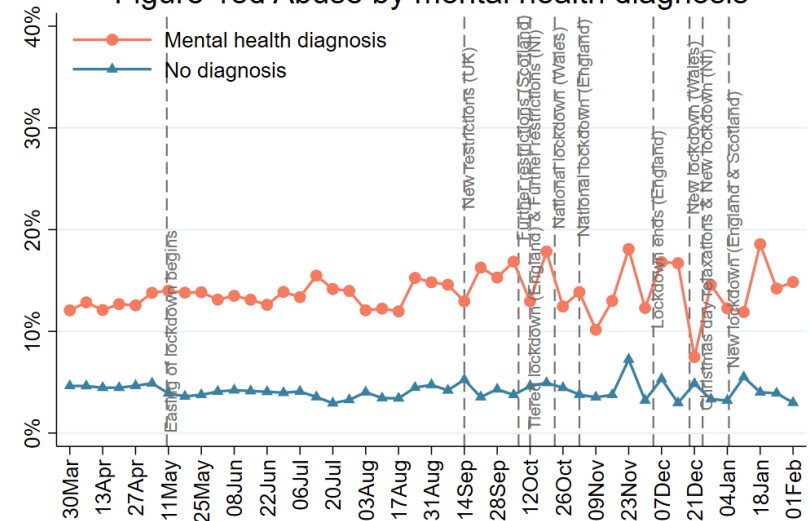


Figure 18e Abuse by nations

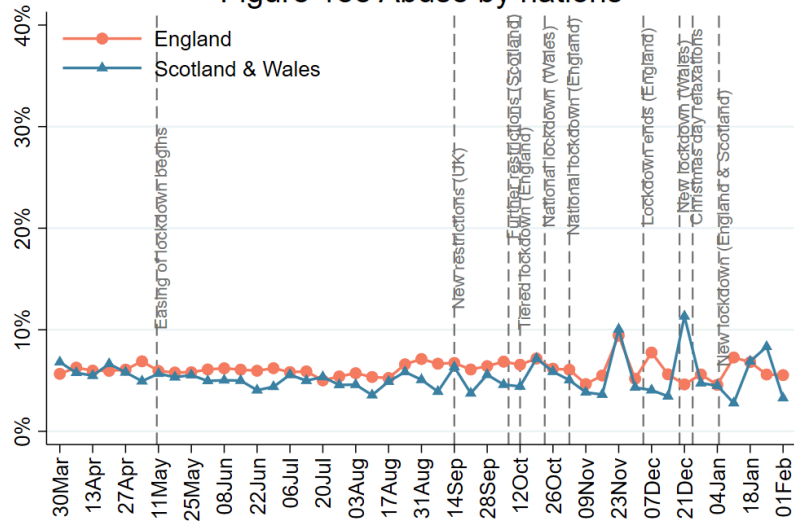


Figure 18f Abuse by keyworker status

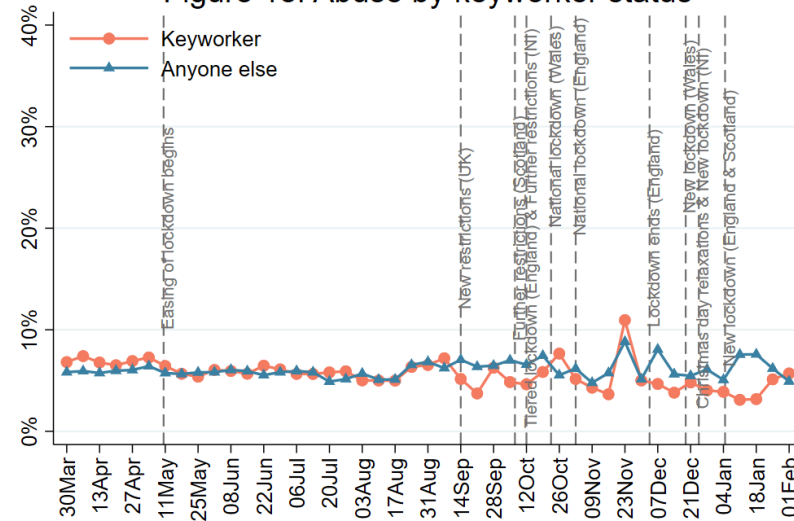


Figure 18g Abuse by living with children

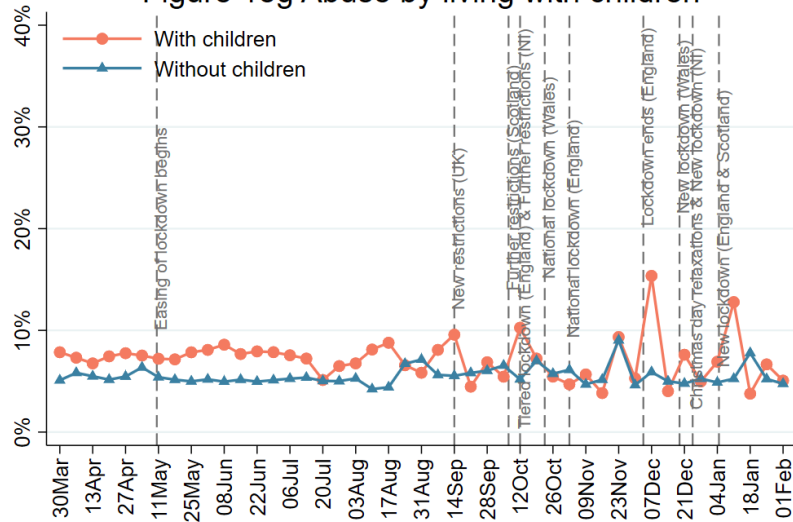


Figure 18h Abuse by living area

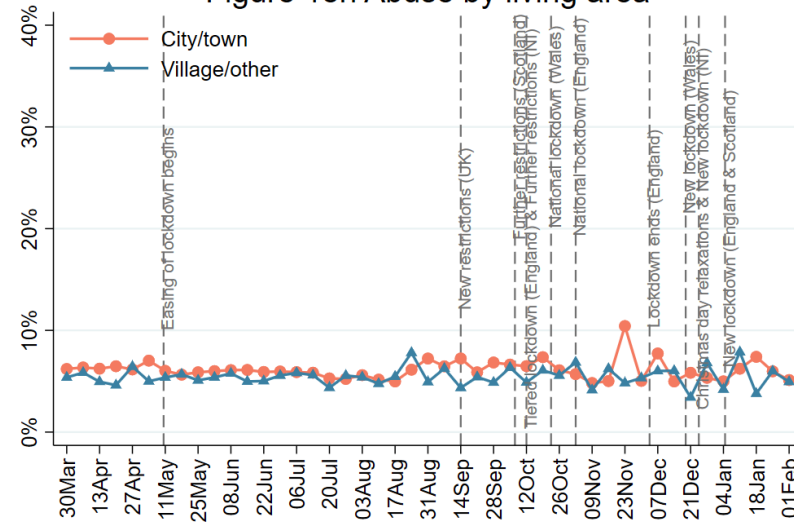


Figure 18i Abuse by gender

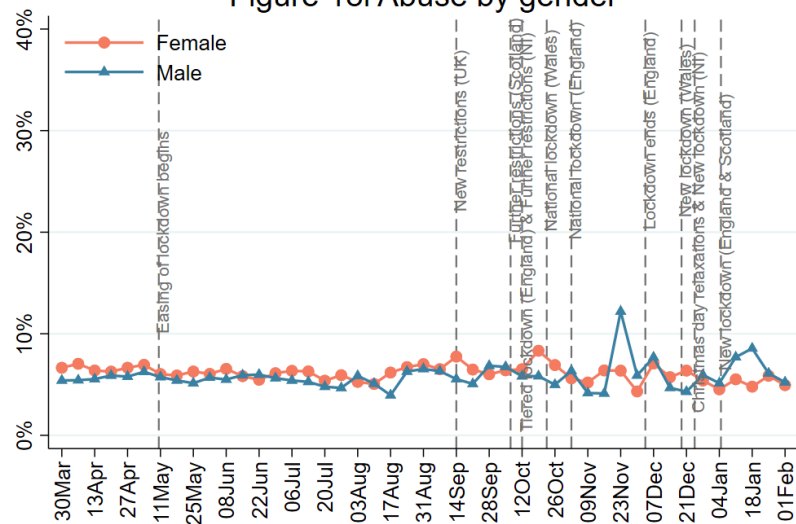


Figure 18j Abuse by ethnicity

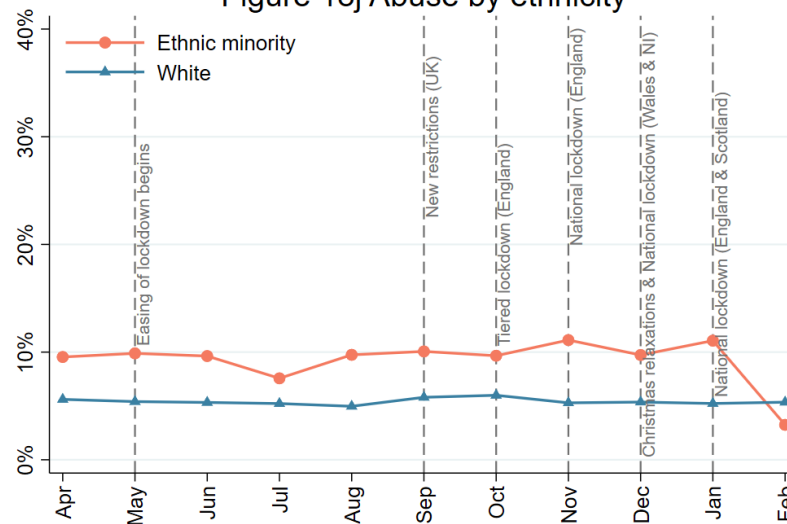


Figure 18k Abuse by educational levels

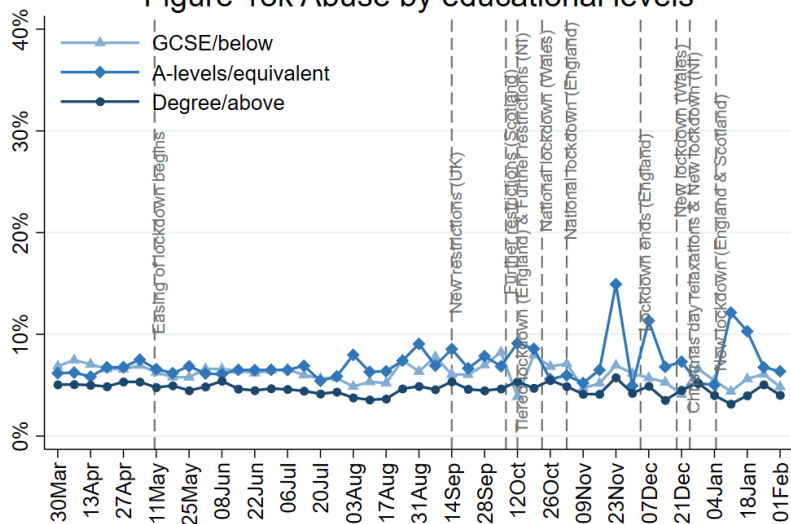
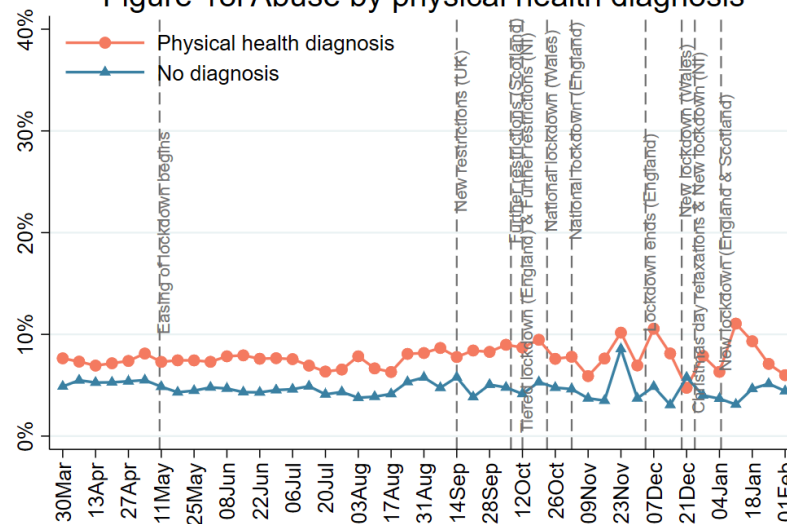
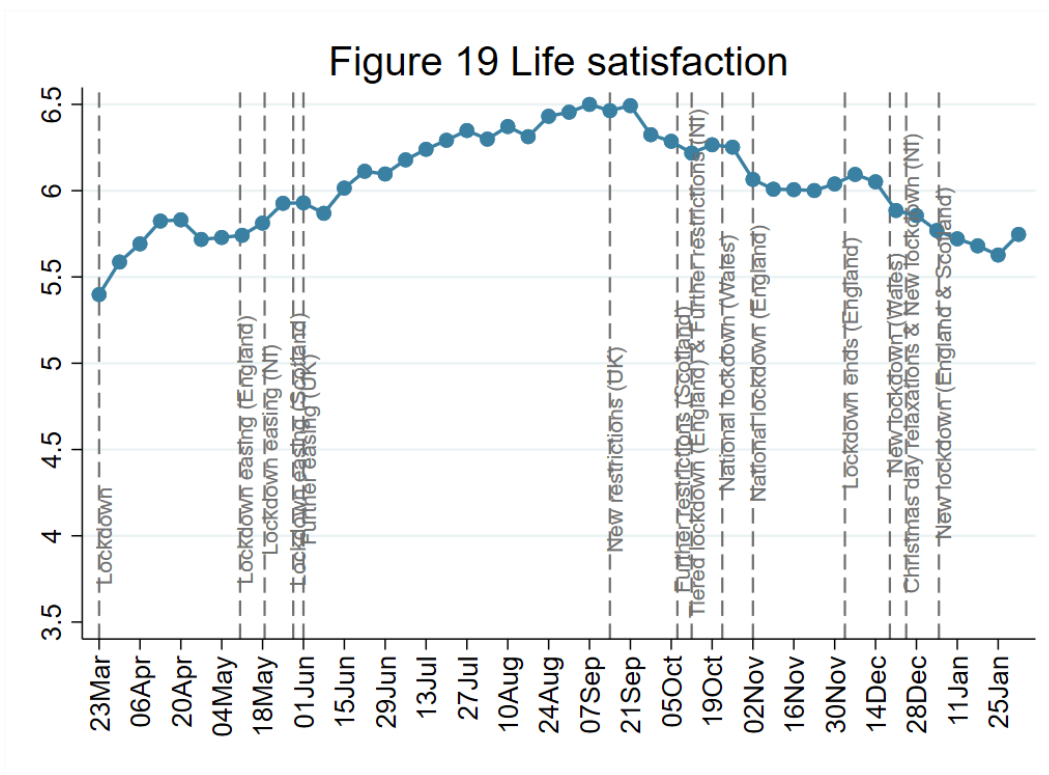


Figure 18l Abuse by physical health diagnosis



## 4. General well-being

### 4.1 Life satisfaction



#### FINDINGS

Respondents were asked to rate their life satisfaction during the past week using the ONS wellbeing scale, which asks respondents about how satisfied they are with their life, using a scale from 0 (not at all) to 10 (completely).

Life satisfaction remains the lowest it has been in the past 9 months and is currently similar to what it was at the start of the first lockdown in spring 2020. Levels deteriorated from August to mid-January, and this occurred across age groups, with adults under the age of 60 continuously having lower levels of life satisfaction.

Women also continue to have lower levels of life satisfaction, as do those living in urban areas, people living alone, those with a mental health condition, those with lower household incomes, people with a long-term physical health condition, and people from ethnic minority backgrounds (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in these data). Across UK nations life satisfaction is lower in England compared to Scotland and Wales.

Life satisfaction is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appears to have decreased substantially in the weeks preceding the first lockdown<sup>5</sup>.

<sup>5</sup> Layard R, Clark A, De Neve J-E, Krekel C, Fancourt D, Hey N, et al. When to release the lockdown: A wellbeing framework for analysing costs and benefits. Centre for Economic Performance, London School of Economics; 2020 Apr. Report No.: 49.



Figure 20a Life satisfaction by age groups

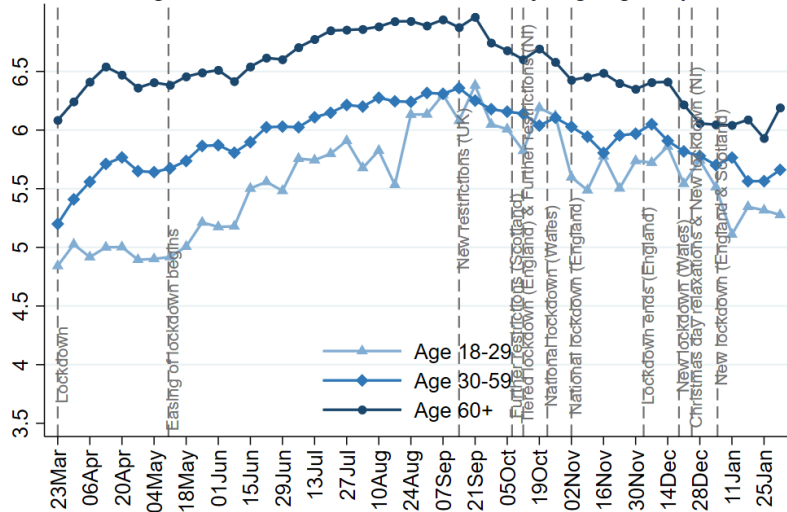


Figure 20b Life satisfaction by living arrangement

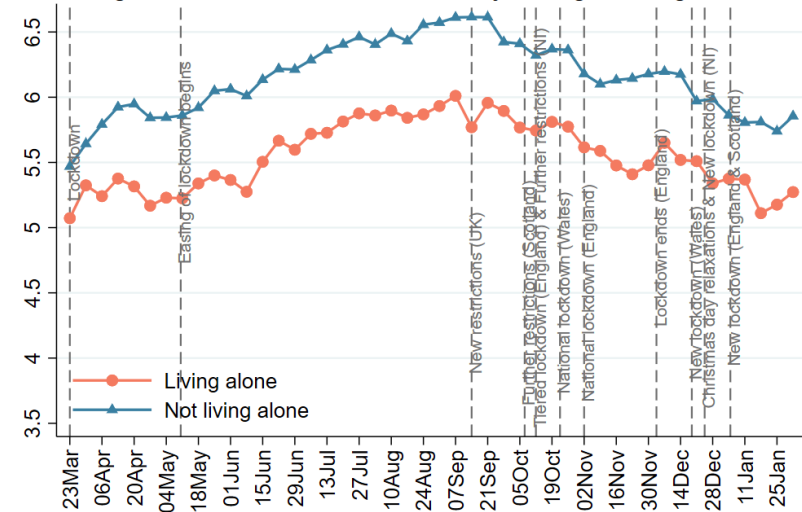


Figure 20c Life satisfaction by household income

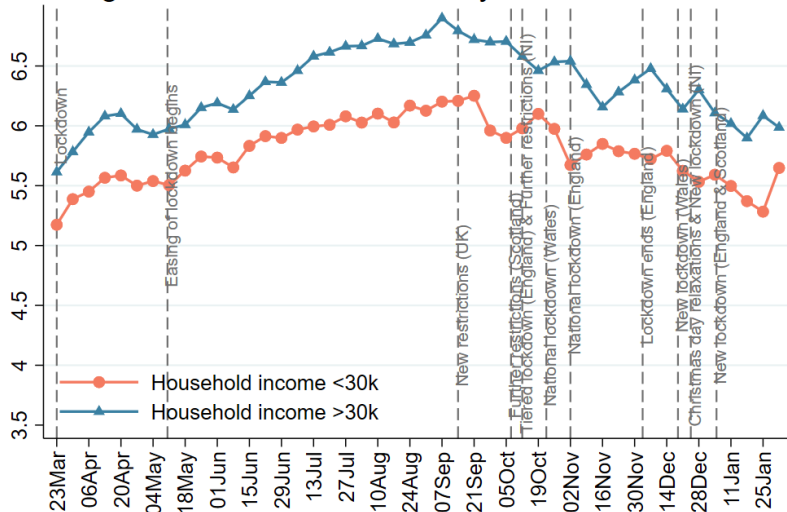


Figure 20d Life satisfaction by mental health diagnosis

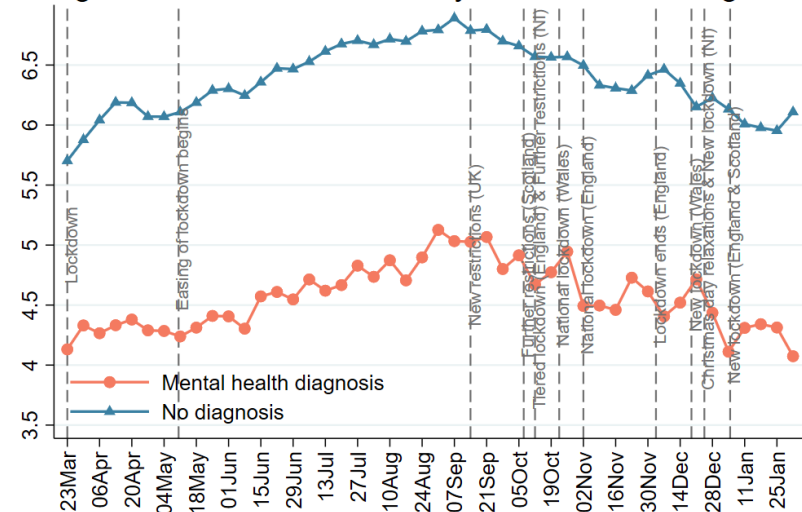


Figure 20e Life satisfaction by nations

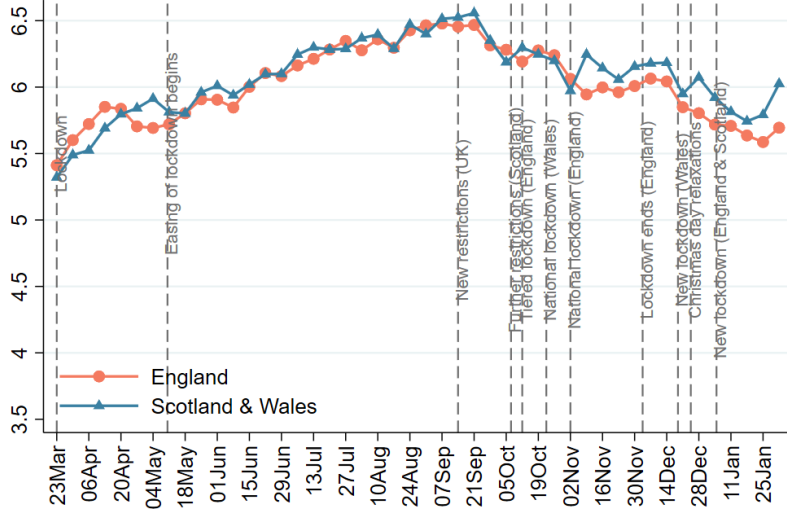


Figure 20f Life satisfaction by keyworker status

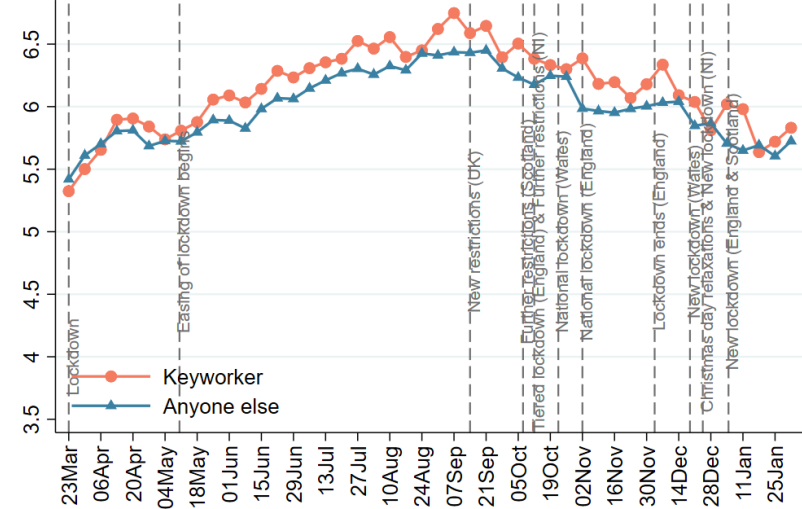


Figure 20g Life satisfaction by living with children

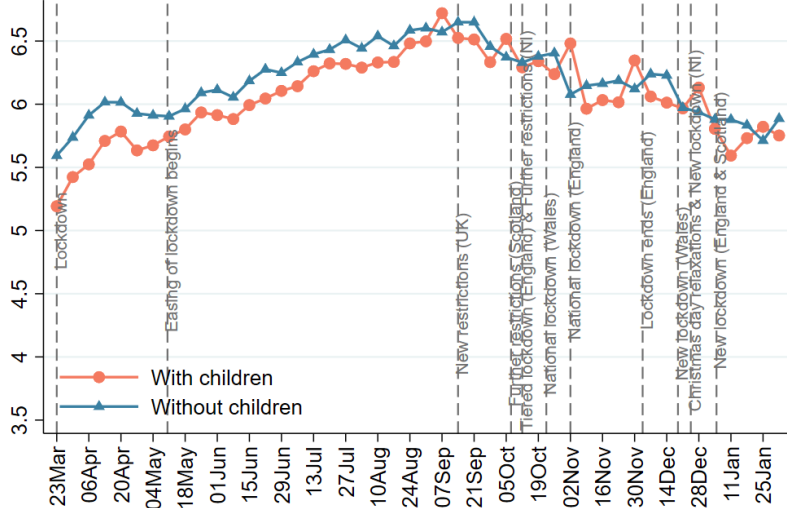


Figure 20h Life satisfaction by living area

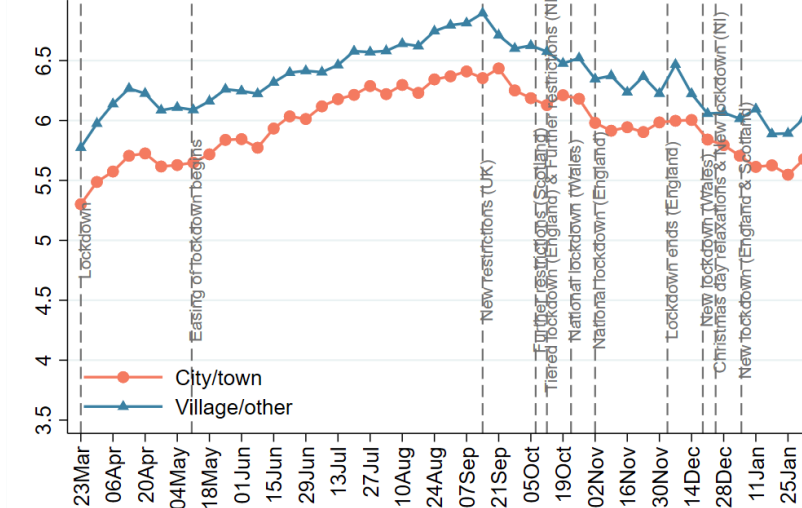


Figure 20i Life satisfaction by gender

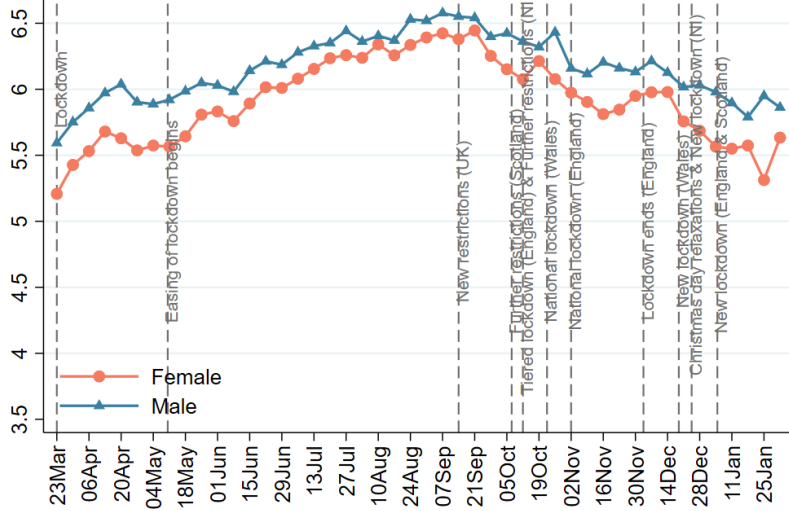


Figure 20j Life satisfaction by ethnicity

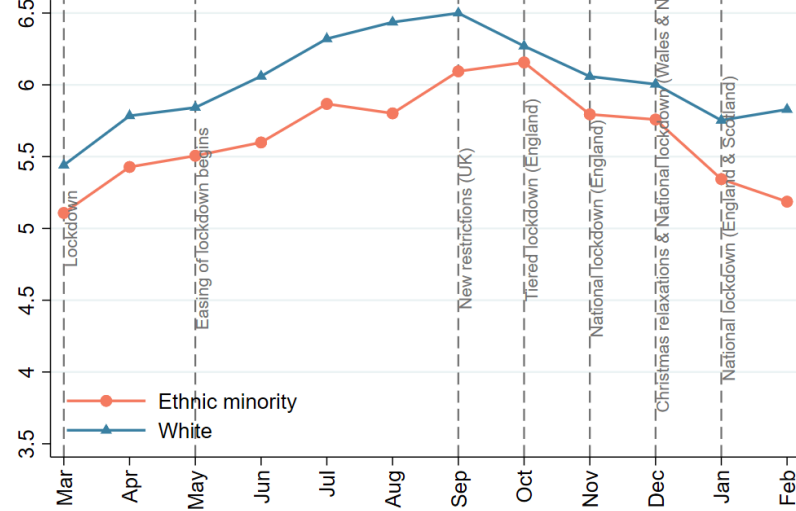


Figure 20k Life satisfaction by educational levels

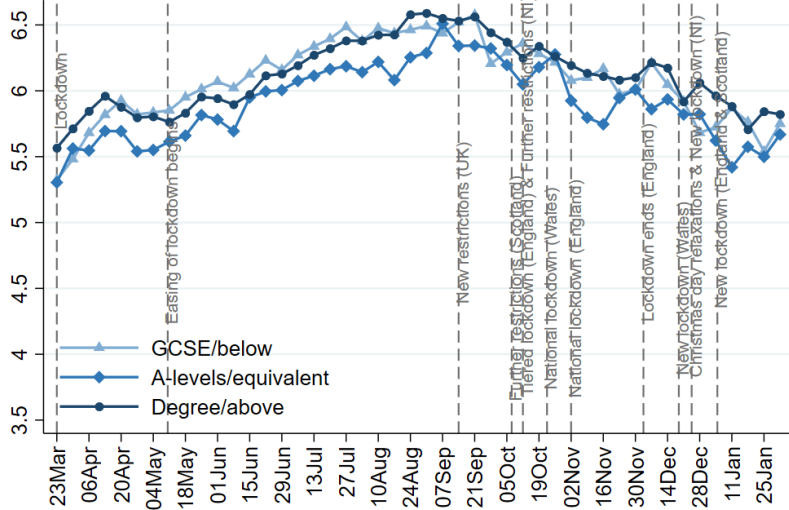
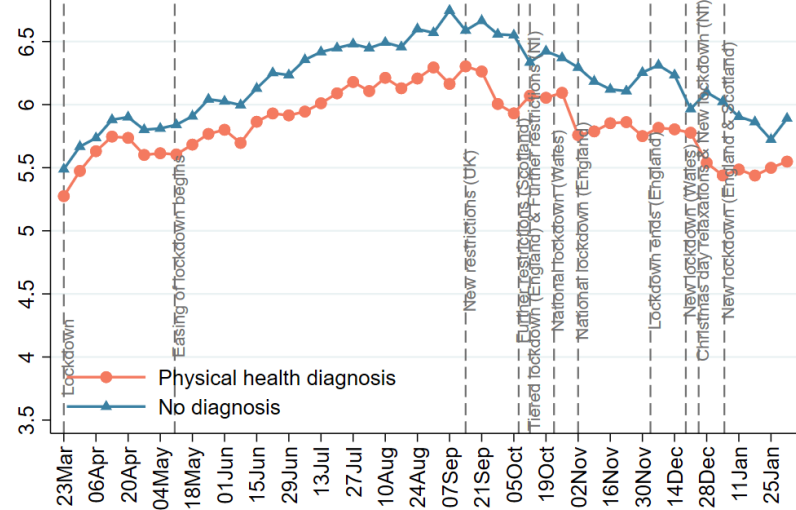
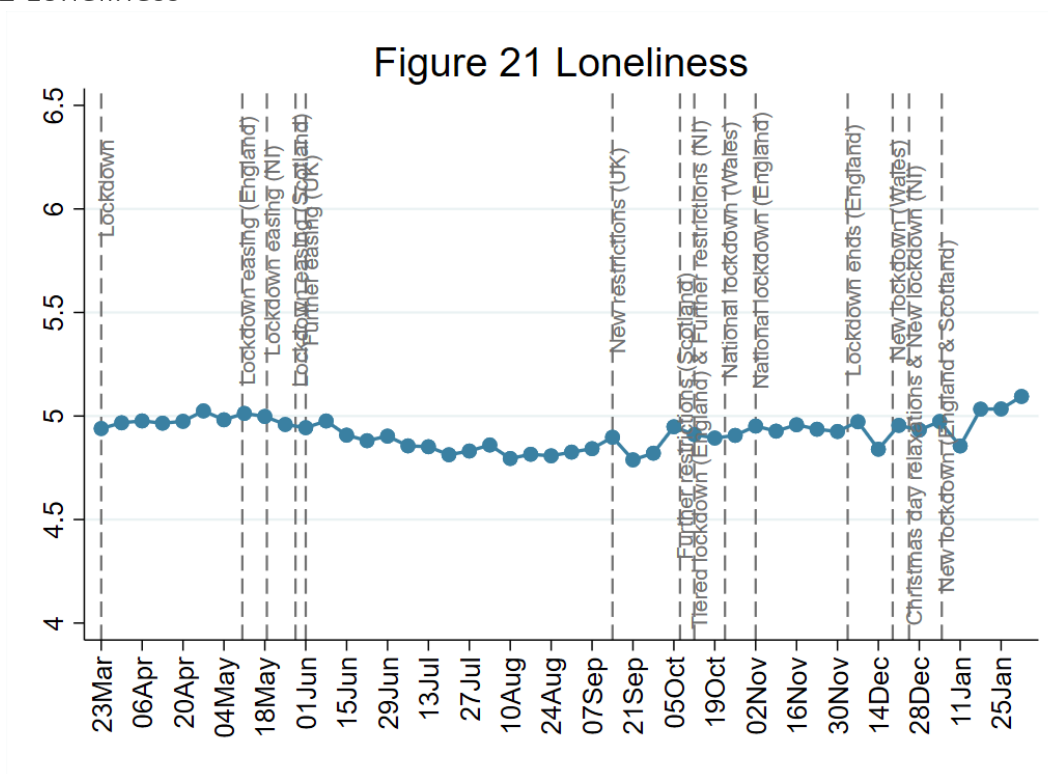


Figure 20l Life satisfaction by physical health diagnosis



## 4.2 Loneliness



### FINDINGS

Respondents were asked about levels of loneliness using the 3-item UCLA-3 loneliness, a short form of the Revised UCLA Loneliness Scale (UCLA-R). Each item is rated with a 3-point rating scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels are the highest they have been since the first lockdown and have been increasing since the introduction of the latest lockdown. The greatest increases in recent weeks have occurred in people living alone, those with a mental health condition, and those from ethnic minority backgrounds. Loneliness levels remain highest in young adults, people living alone, people with lower household income, people with a diagnosed mental health condition, people living with children, people living in urban areas, women, and people from ethnic minority backgrounds.

Figure 22a Loneliness by age groups

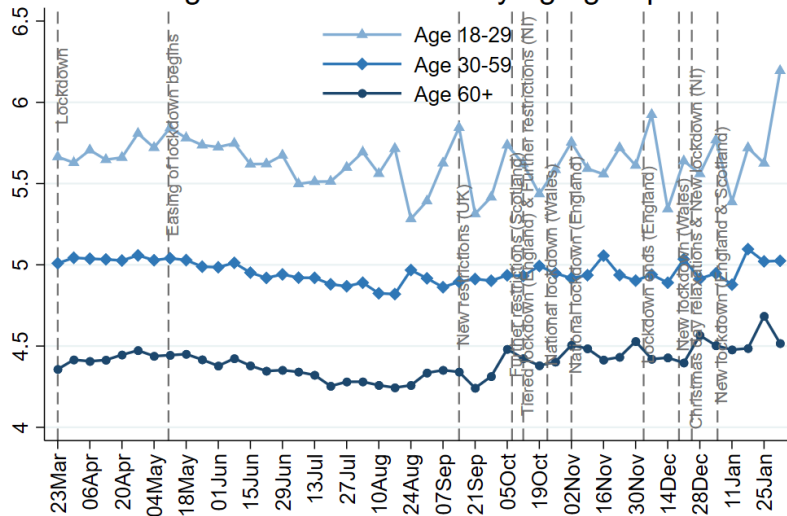


Figure 22b Loneliness by living arrangement

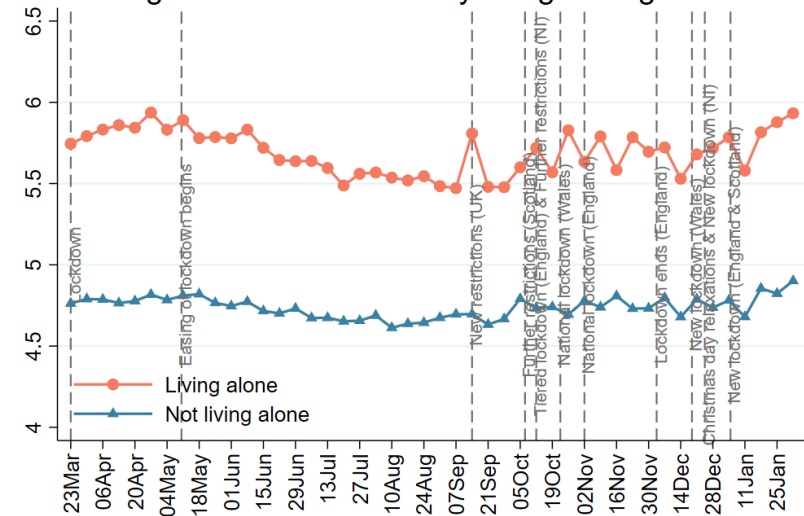


Figure 22c Loneliness by household income

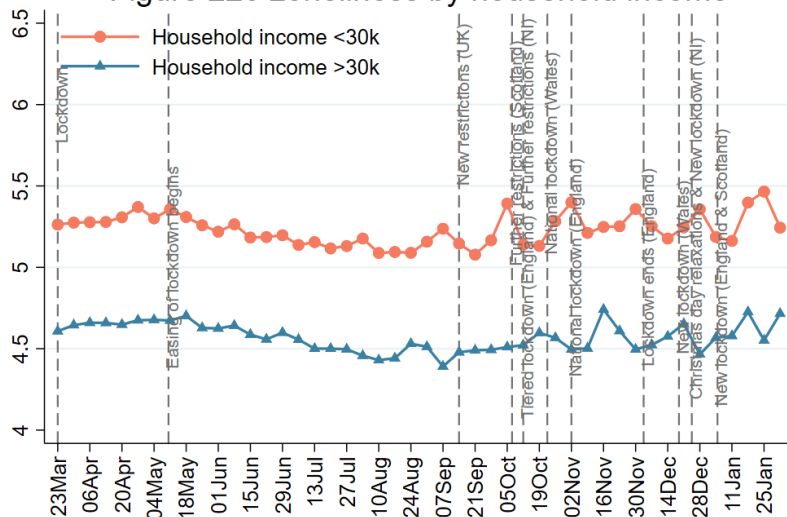


Figure 22d Loneliness by mental health diagnosis

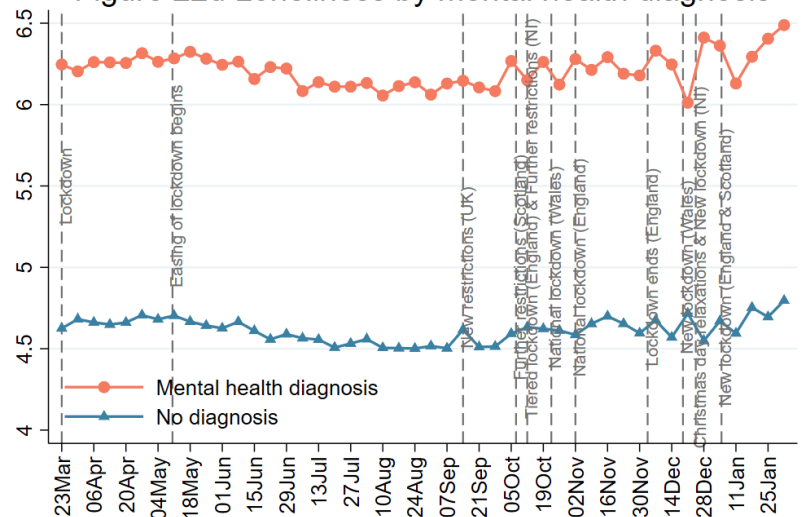


Figure 22e Loneliness by nations

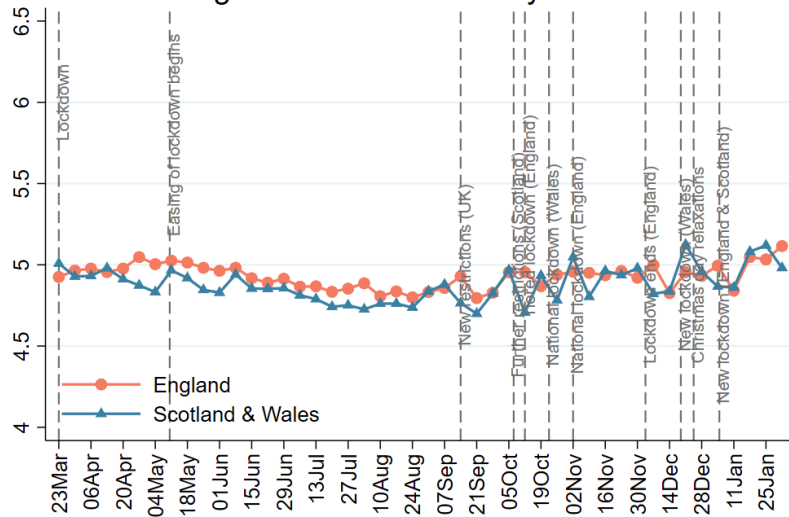


Figure 22f Loneliness by keyworker status

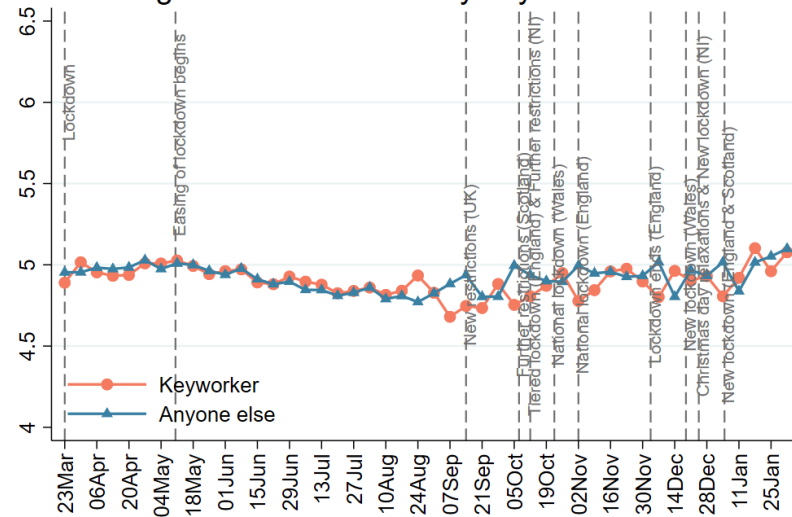


Figure 22g Loneliness by living with children

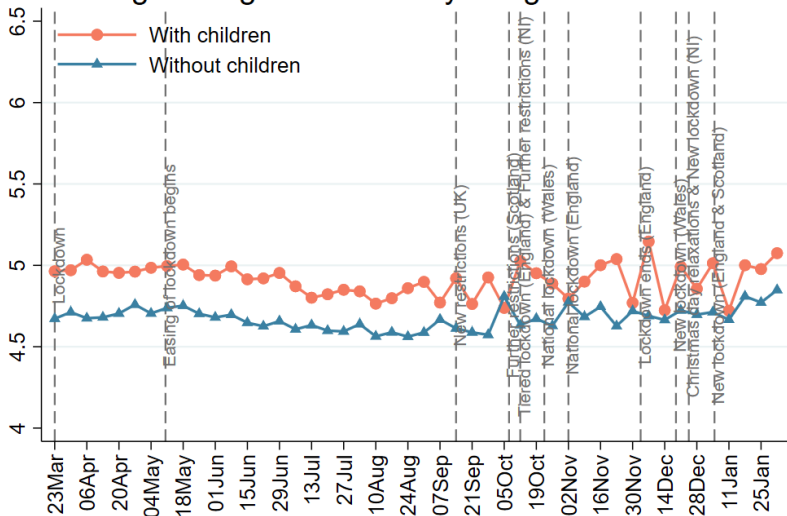
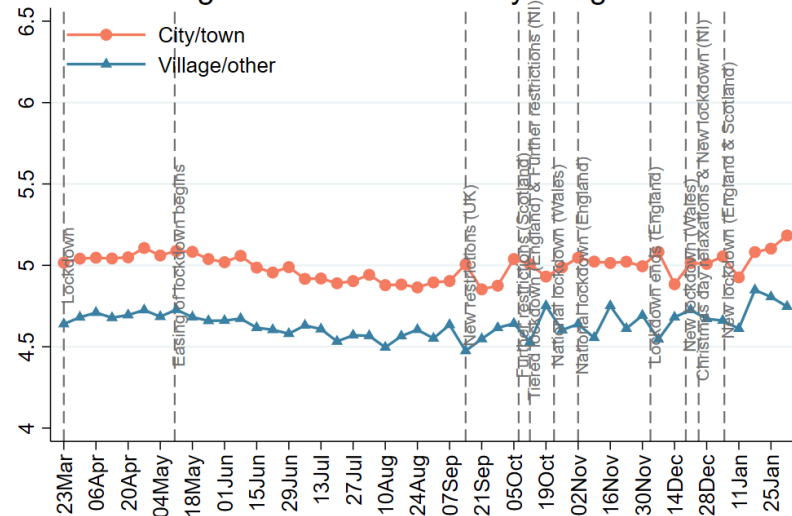
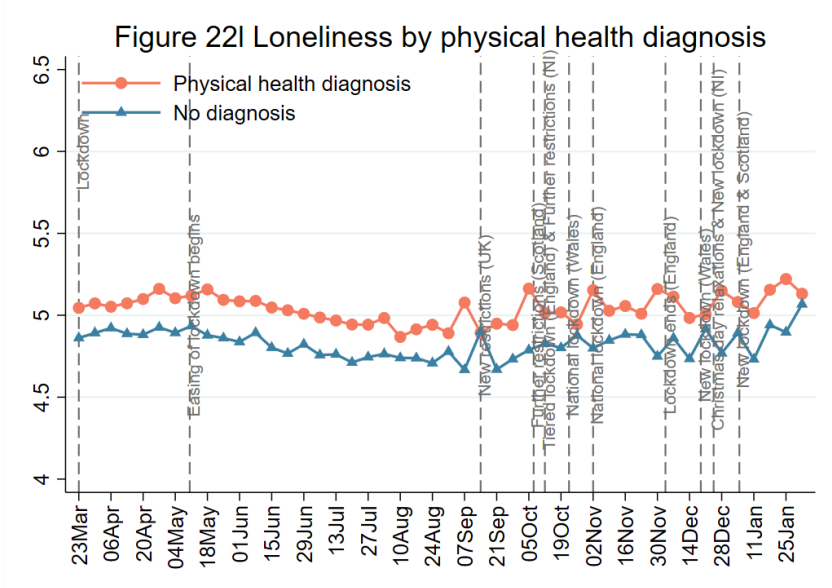
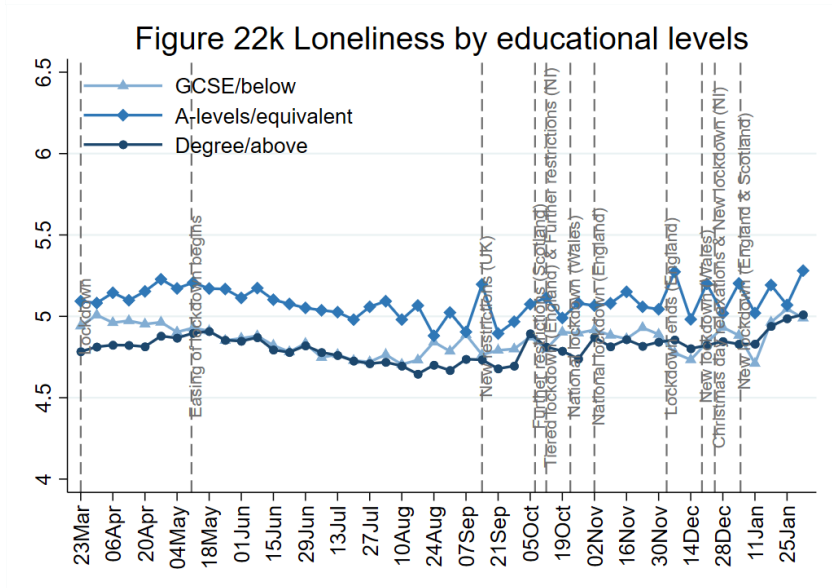
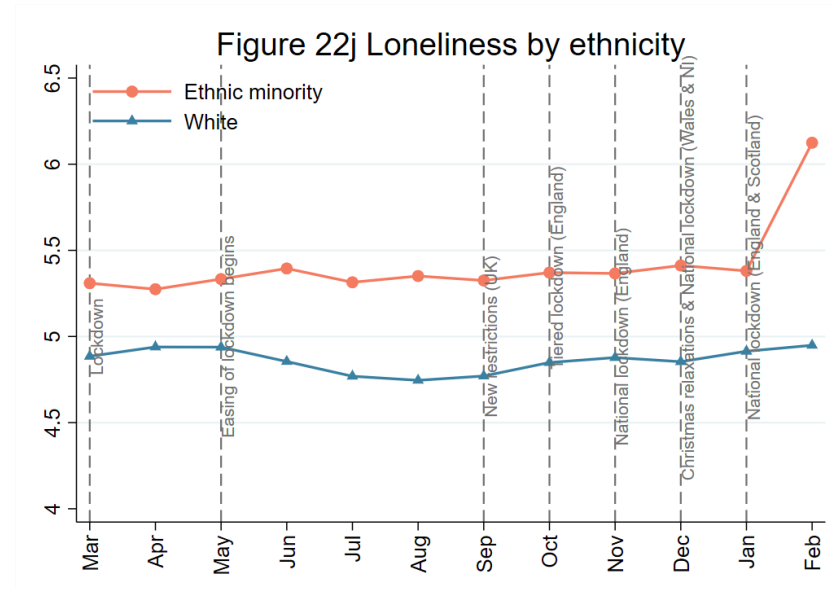
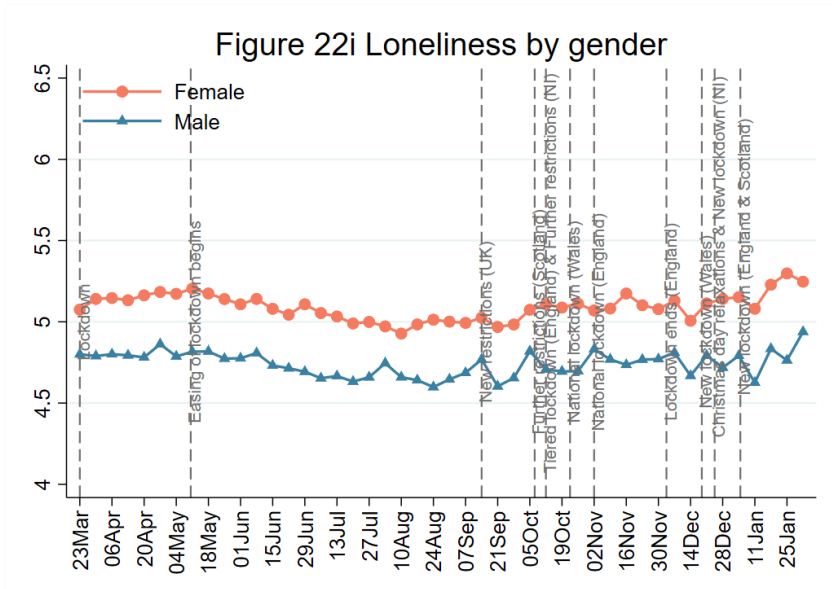
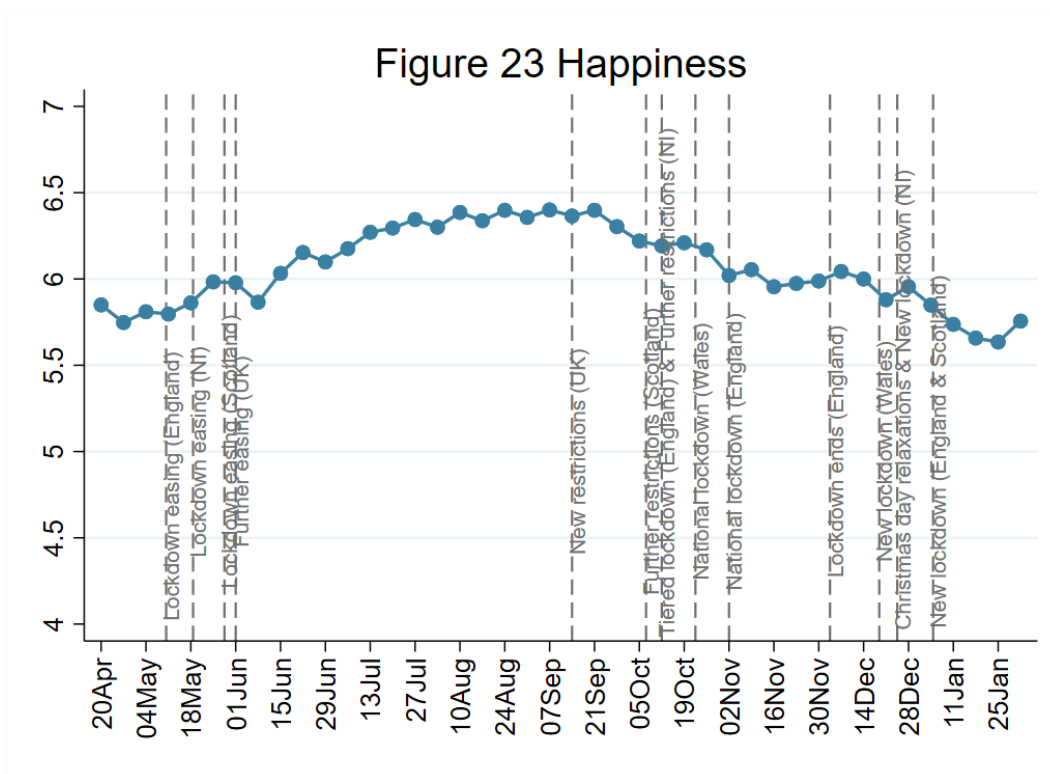


Figure 22h Loneliness by living area





### 4.3 Happiness



#### FINDINGS

Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21<sup>st</sup> April onwards.

Happiness levels have generally been deteriorating since the autumn. Levels decreased noticeably around the time the latest lockdown was announced and although this appears to have levelled off. Happiness levels remain at their lowest levels since the pandemic started in the UK.

There continue to be differences in reported levels of happiness across demographic groups. Levels of happiness remain lower in adults under the age of 60, people living alone, people with lower household incomes, people with a diagnosed mental or physical health condition, in urban areas, in females, and people from ethnic minority backgrounds.



Figure 24a Happiness by age groups

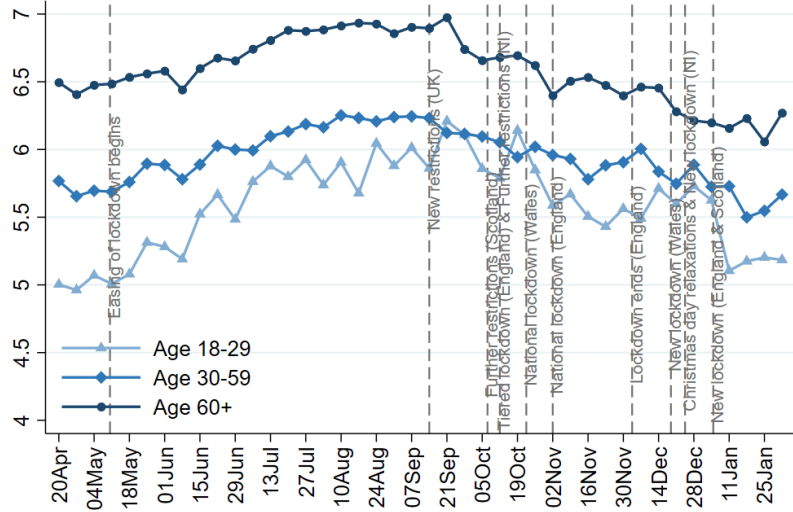


Figure 24b Happiness by living arrangement

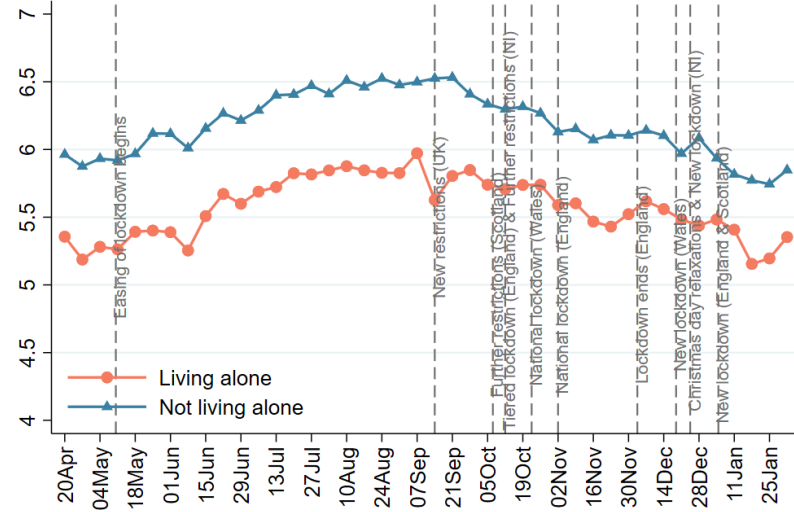


Figure 24c Happiness by household income

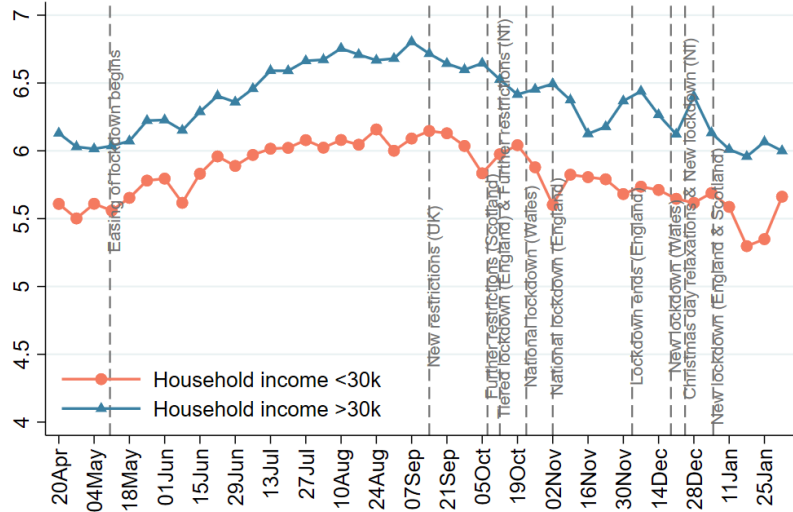


Figure 24d Happiness by mental health

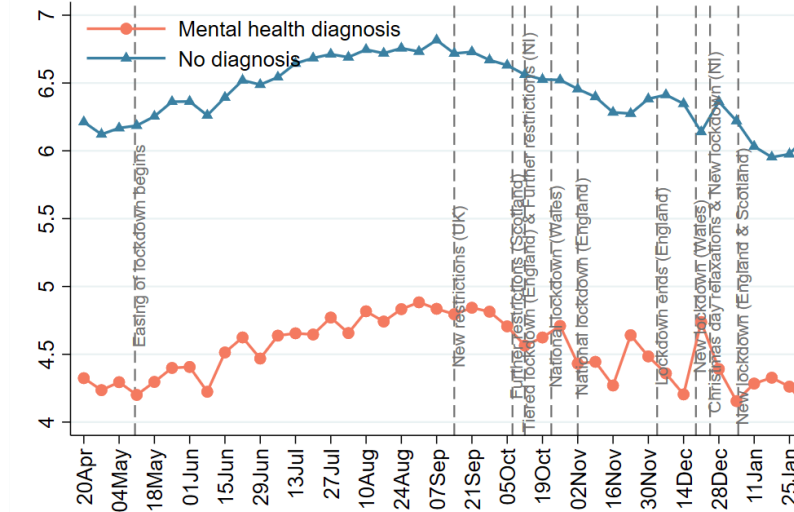


Figure 24e Happiness by nations

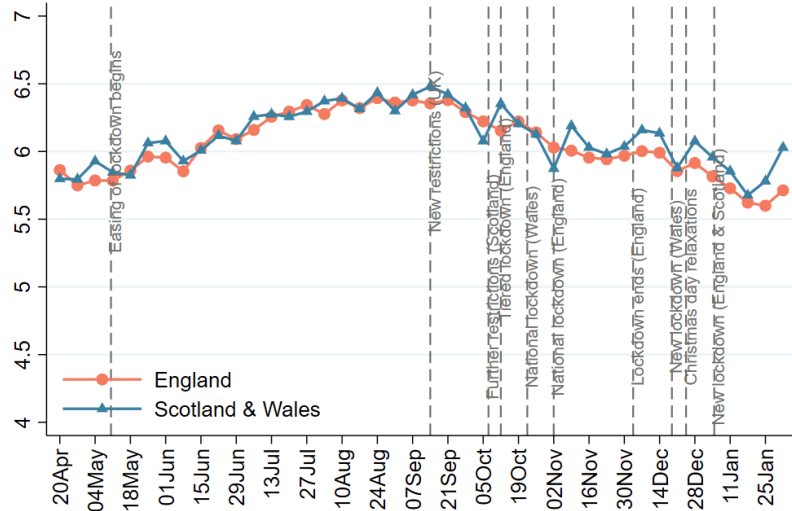


Figure 24f Happiness by keyworker status

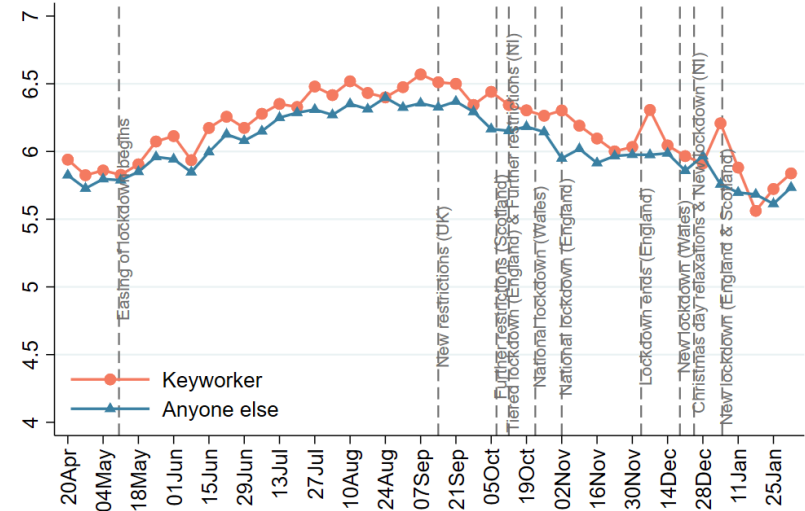


Figure 24g Happiness by living with children

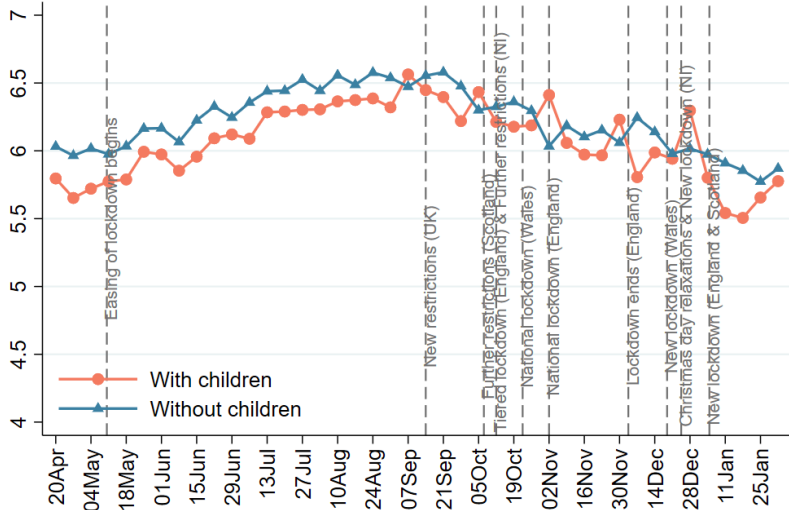


Figure 24h Happiness by living area

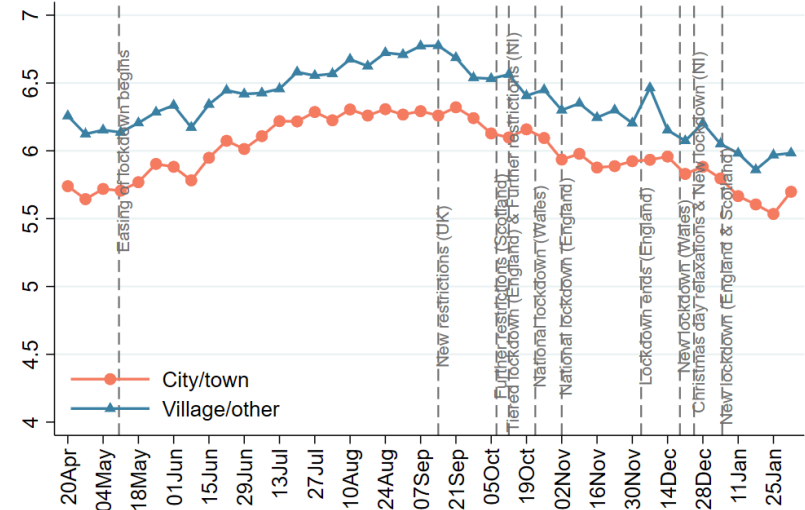


Figure 24i Happiness by gender

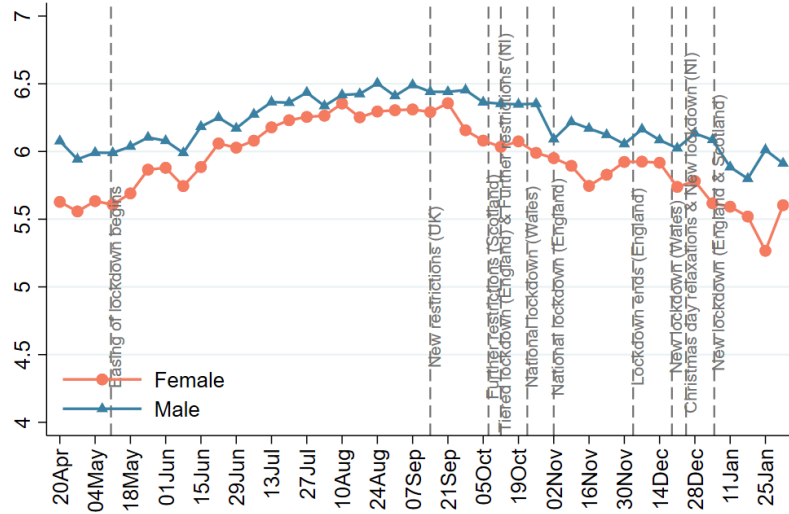


Figure 24j Happiness by ethnicity

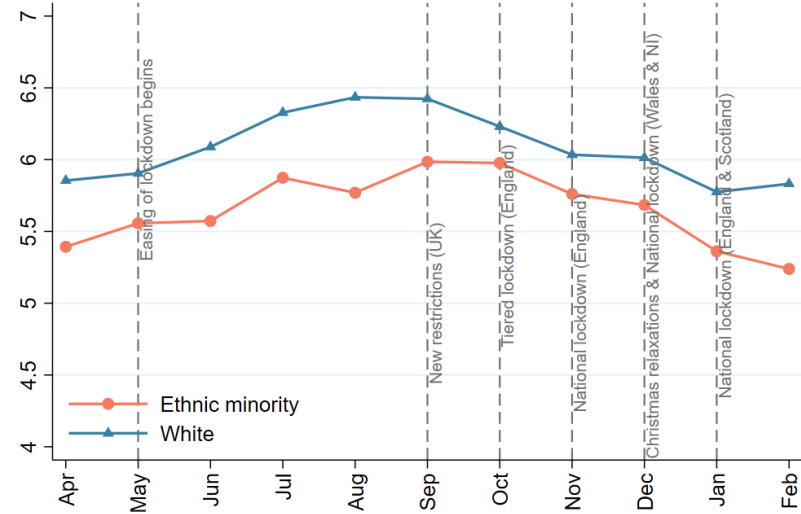


Figure 24k Happiness by educational levels

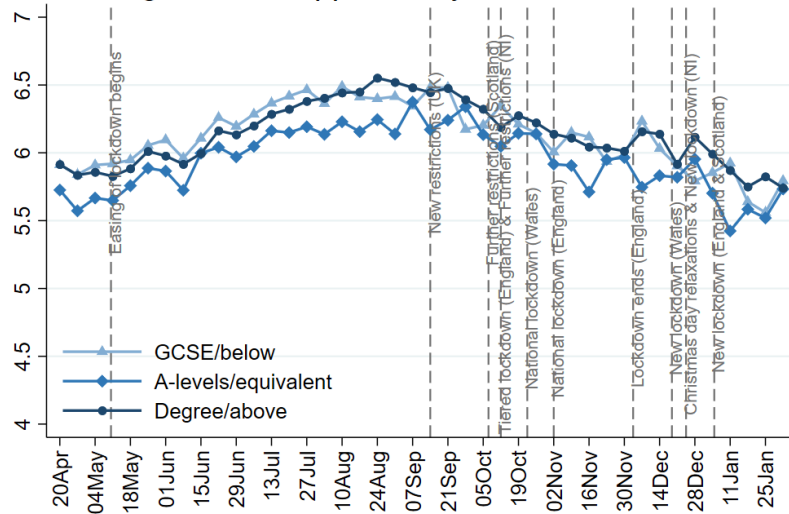
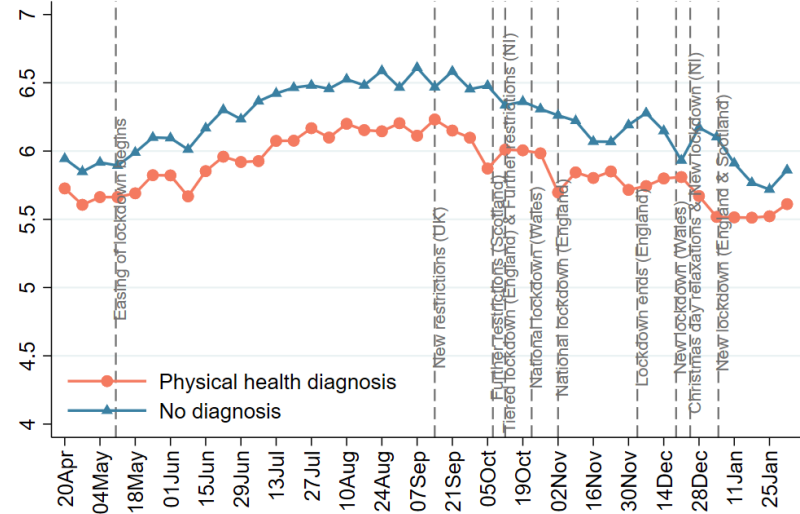


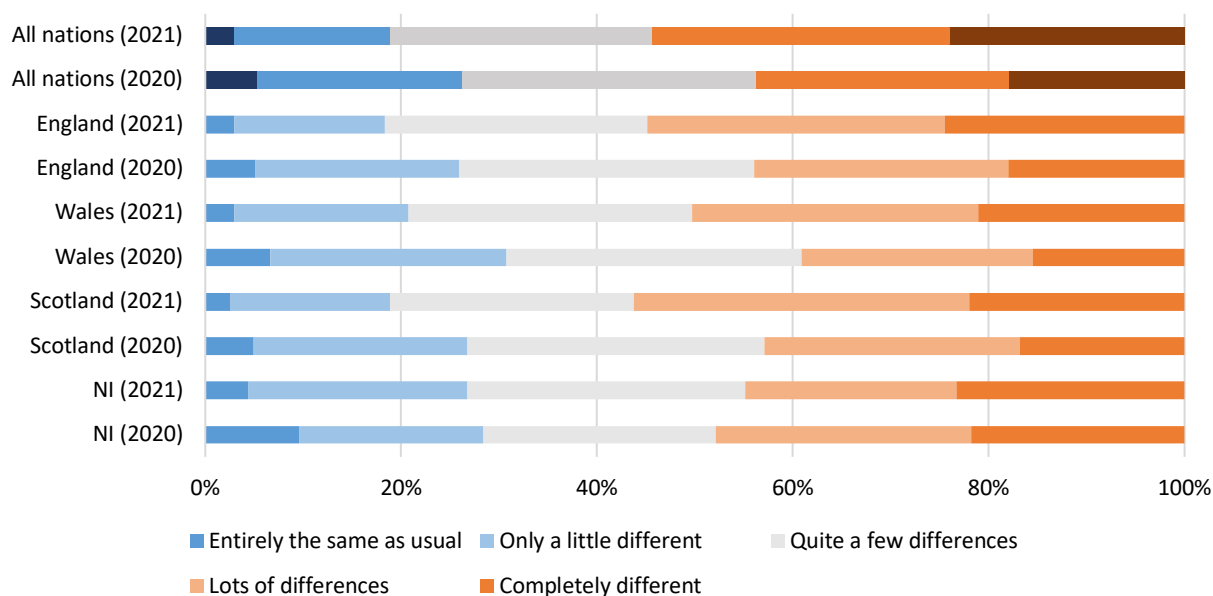
Figure 24l Happiness by physical health diagnosis



## 5. Life differences between 2020 and 2021 lockdowns

### 5.1 Life differences

Figure 25 Life differences prior to & during COVID-19 pandemic



#### FINDINGS

We asked participants how different they feel their life is compared to prior to the COVID-19 pandemic. Participants were asked to give their response on a 5-point scale: “entirely the same as usual”, “only a little different”, “quite a few differences”, “lots of differences” and “completely different”. Specifically, we compared data from the first lockdown in 2020 with the current lockdown in 2021. Data presented for 2020 were collected 21<sup>st</sup> April to 11<sup>th</sup> May 2020. Data collection dates presented for 2021 vary according to when each country introduced its latest lockdown. This meant that for England, data were restricted to 5<sup>th</sup> January to 7<sup>th</sup> February, for Wales from 19<sup>th</sup> December to 7<sup>th</sup> February, for Northern Ireland from 26<sup>th</sup> December to 7<sup>th</sup> February, and for Scotland since 4<sup>th</sup> January to 7<sup>th</sup> February.

Adults in the UK are reporting more differences in their lives in the current lockdown compared to the 2020 lockdown. During the first lockdown in 2020, 5% of people said their lives were entirely the same as usual, 21% said it was only a little different, 30% said there were quite a few differences, 26% said there were lots of differences, and 18% said things were completely different. In contrast, during the 2021 lockdown, only 3% of people said their lives were entirely the same as usual, 16% said their lives were only a little different, 27% said there were quite a few differences, 30% said there were lots of differences, whilst 24% said things were completely different. There were differences across the four nations in how different people feel their lives have been during the 2021 lockdown compared to the first lockdown in 2020 relative to before the COVID-19 pandemic. In 2021, fewer than half as many people in Wales, Scotland, and Northern Ireland said that life was entirely the same as usual compared to the first lockdown.

Figure 26 shows the percentage of people reporting these life differences for different subgroups in England in 2020 and 2021. Young adults continue to report the greatest differences in their lives compared to pre-pandemic, and the number reporting their lives as being completely different increased from 23% in 2020 to 31% in 2021. Women are also still reporting more life differences than men, and these gender differences do not appear to have changed from the first lockdown in 2020 to the present in 2021. The proportion of women who say their lives are completely different compared to before the pandemic increased from 21% in 2020 to 27% in 2021. As

in 2020, people with higher household income continue to experience more life differences than people with lower household income.

Figure 26a Life differences by age group  
(England 2020)

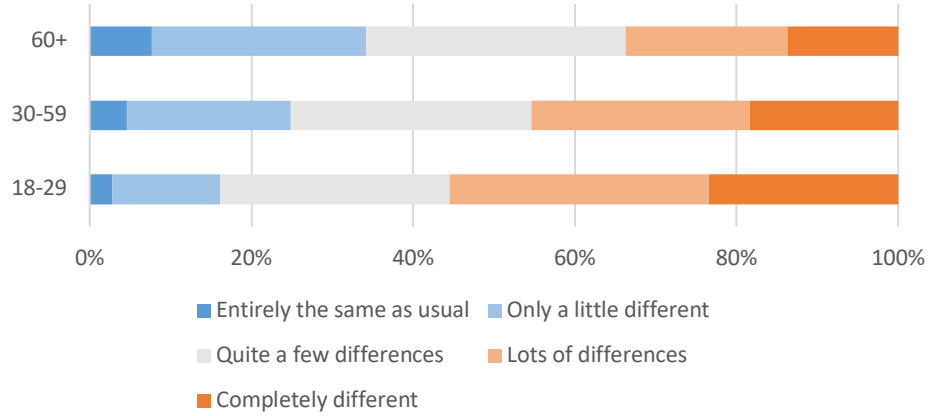


Figure 26b Life differences by age group  
(England 2021)

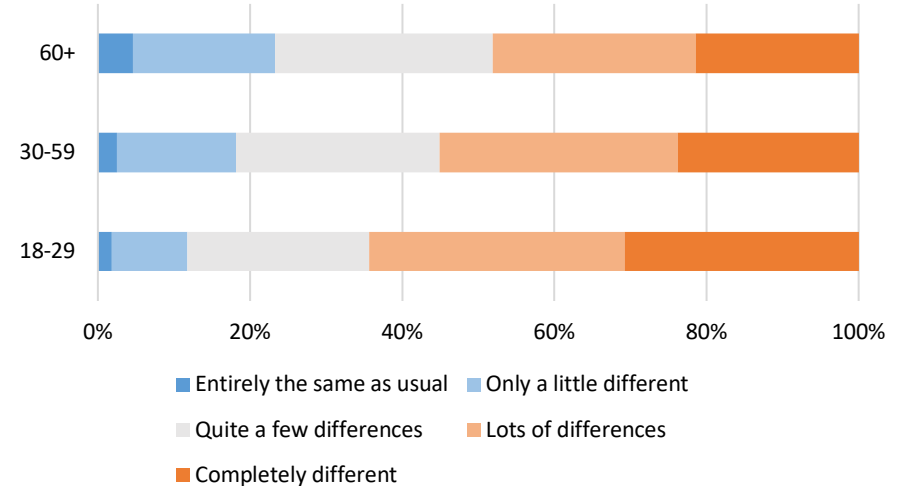


Figure 26c Life differences by gender  
(England 2020)

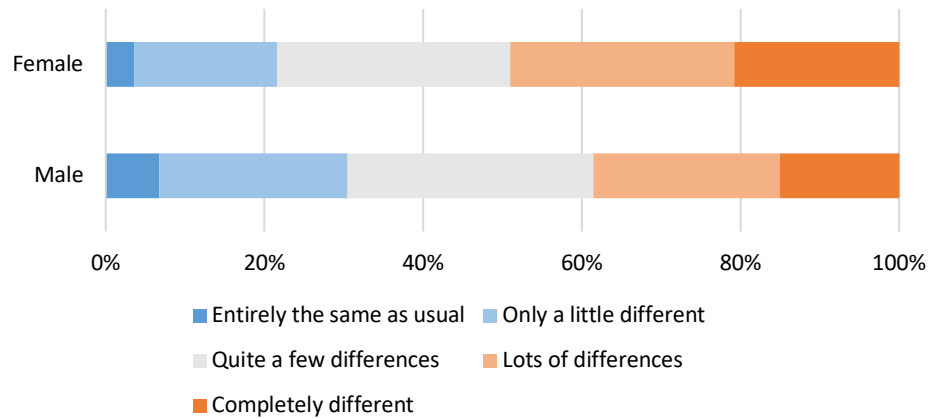


Figure 26d Life differences by gender  
(England 2021)

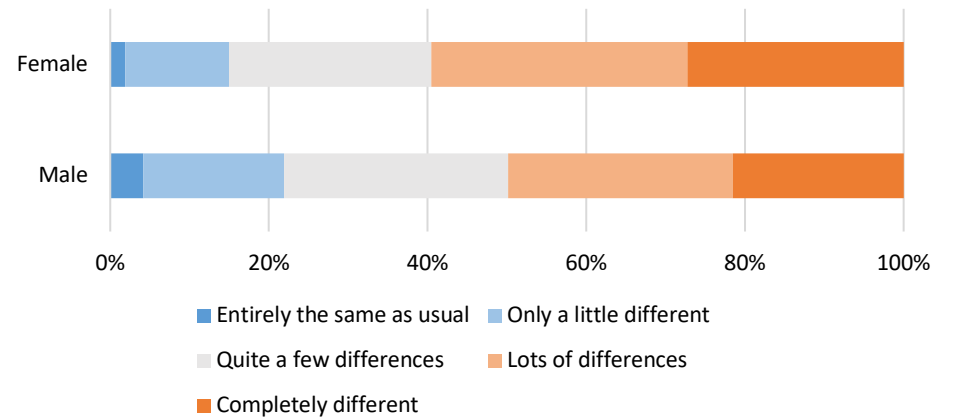


Figure 26e Life differences by household income (England 2020)

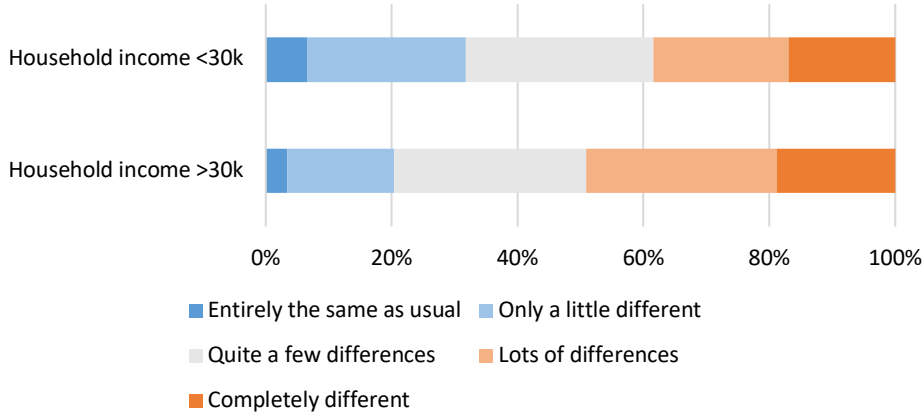
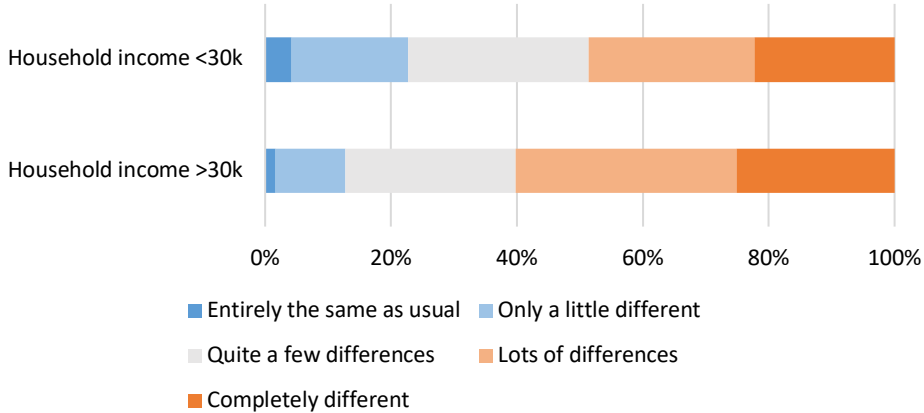


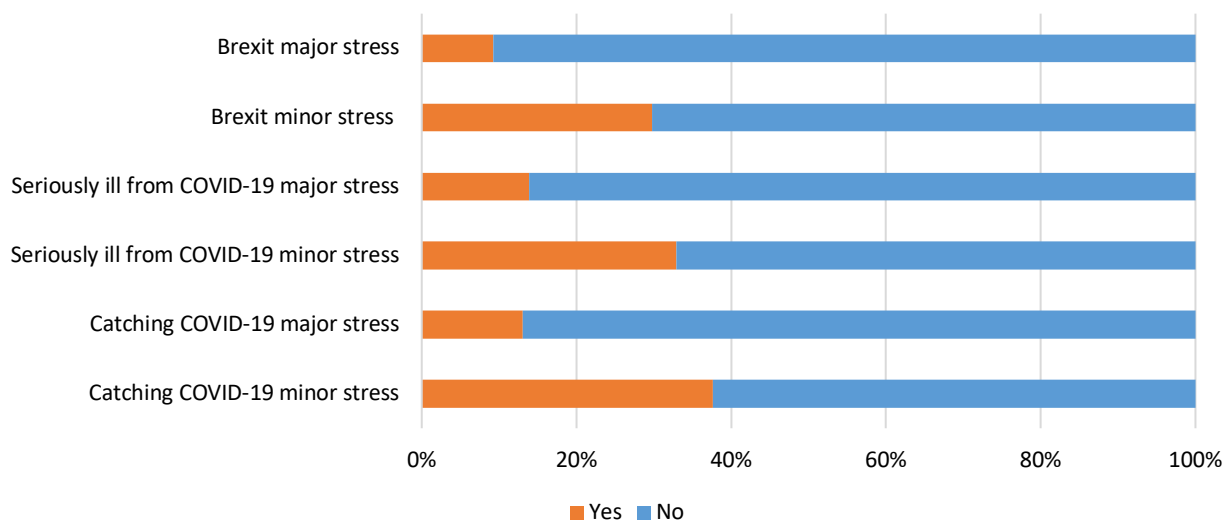
Figure 26f Life differences by household income (England 2021)



## 6. Brexit and COVID-19

### 6.1 Brexit and COVID-19 stress

Figure 27 Brexit & COVID-19 stress



#### FINDINGS

We asked participants to report which factors were causing them stress in the last week, either minor stress (defined as any level of stress experienced) or major stress (which was defined as stress that was constantly on their mind or kept them awake at night). This included questions on catching and becoming seriously ill from COVID-19 and worrying about Brexit or the impact Brexit could have on one's life<sup>6</sup>. Data presented were collected 23<sup>rd</sup> December 2020 to 7<sup>th</sup> February 2021.

One in three adults (31%) reported worrying about Brexit, and nearly 1 in 10 people reported that Brexit or the impact it could have on their lives was constantly on their minds or keeping them up at night. This is similar to the proportion of people saying they were worried about becoming seriously ill from COVID-19 (33%) and slightly lower than the proportion worried about catching the illness (38%). However, Brexit stress was highest in young adults, and for this age group, minor levels of stress related to Brexit (42%) exceeded those of minor stress levels for catching COVID-19 (32%) and becoming seriously ill from it (22%).

Levels of major stress about Brexit were similar between Wales (8%) and England (9%), but higher in Scotland (14%), where the proportion reporting Brexit as a major stressor was the same proportion who were majorly concerned about catching COVID-19 (14%) and about becoming seriously ill from it (12%).

Major stress about Brexit was similar across household income levels, but a greater proportion of those with higher incomes reported that Brexit was a minor source of stress. However, a greater proportion of people with lower incomes reported falling seriously ill from COVID-19 (16%) and catching it (15%) as a major source of stress than people with higher incomes (11% and 10%, respectively). Levels of stress about Brexit were similar for men and women, but women more often reported catching and falling seriously ill from COVID-19 as both a major and minor source of stress. Whilst stress levels about Brexit have decreased from 34% the week of the end of the transition period to 27% the week ending 7th February, concerns clearly remain for a substantial proportion of people.

<sup>6</sup> NB this section focuses on stress about catching COVID-19 and becoming seriously ill from it as separate variables and combines data from the past 6 weeks. So figures differ from section 2.2 where we combine these two types of worries about COVID-19 and report stress levels week by week



Figure 28a Brexit & COVID-19 stress amongst younger adults (aged 18-29)

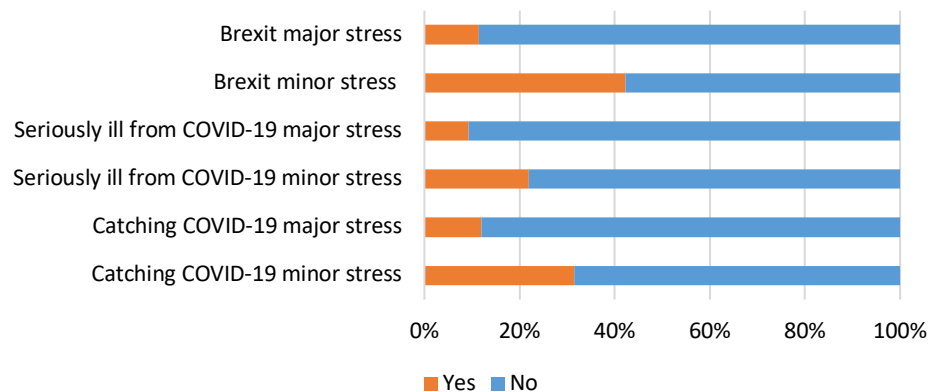


Figure 28b Brexit & COVID-19 stress amongst adults (aged 30-59)

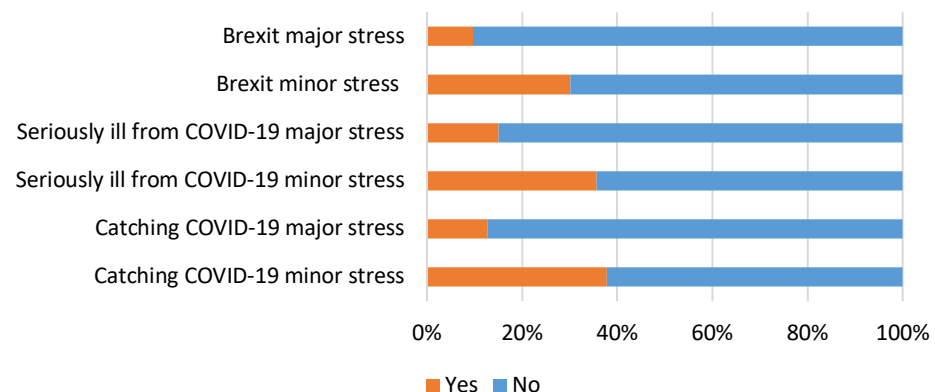


Figure 28c Brexit & COVID-19 stress amongst older adults (aged 60+)

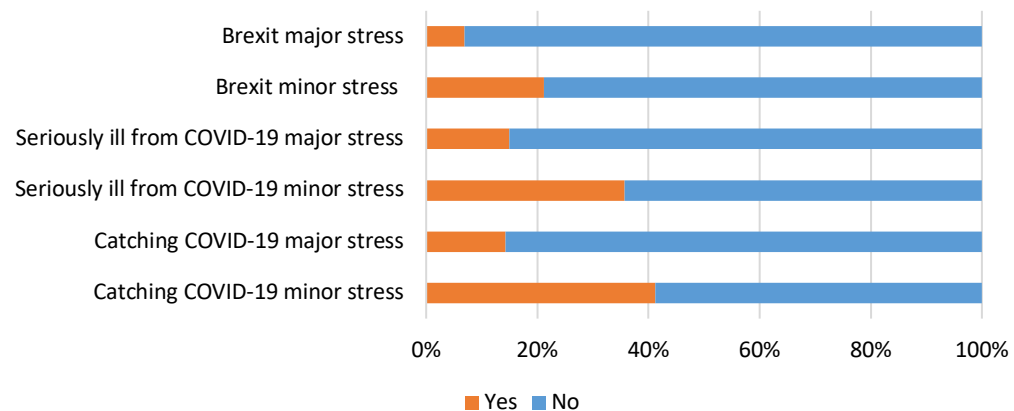


Figure 28d Brexit & COVID-19 stress amongst males

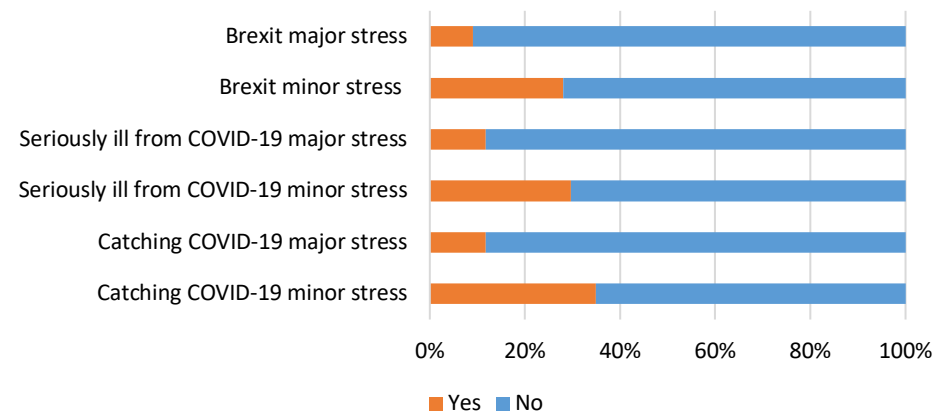


Figure 28e Brexit & COVID-19 stress amongst females

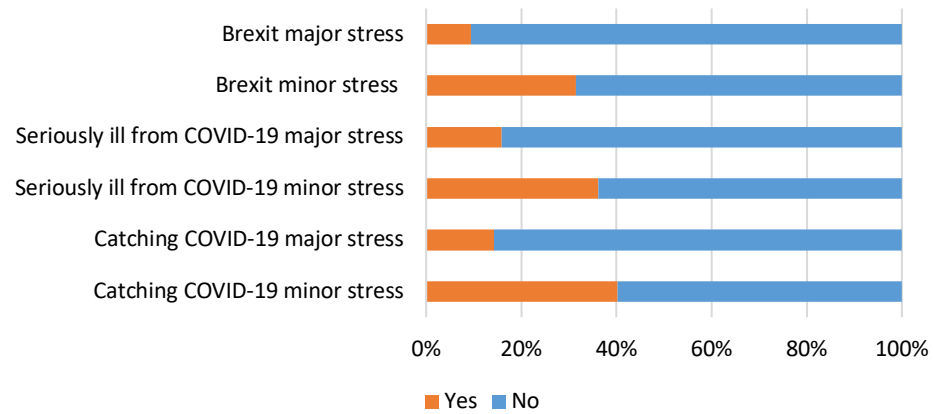


Figure 28f Brexit & COVID-19 stress amongst people with household income >30k

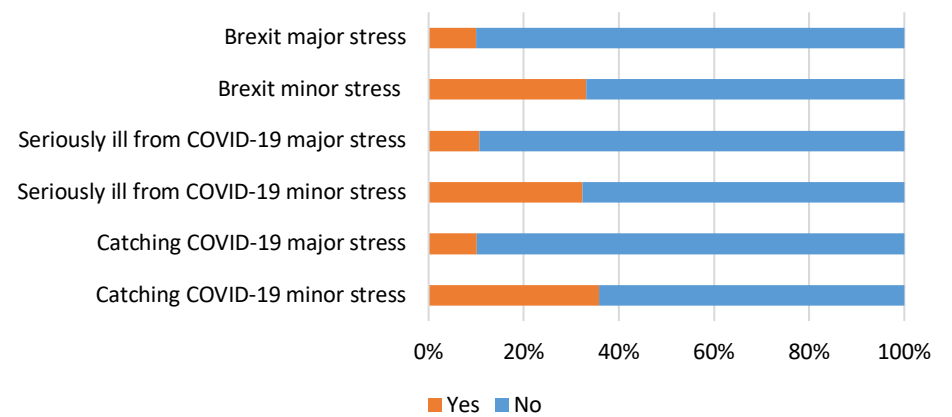


Figure 28g Brexit & COVID-19 stress amongst people with household income <30k

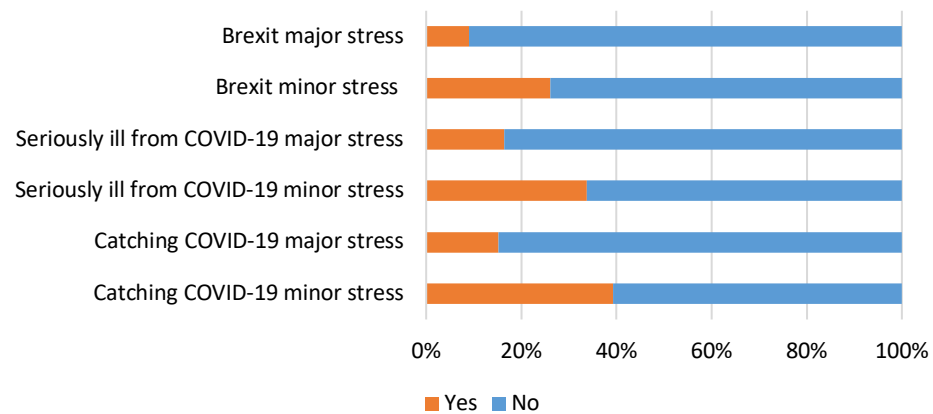


Figure 28h Brexit & COVID-19 stress in England

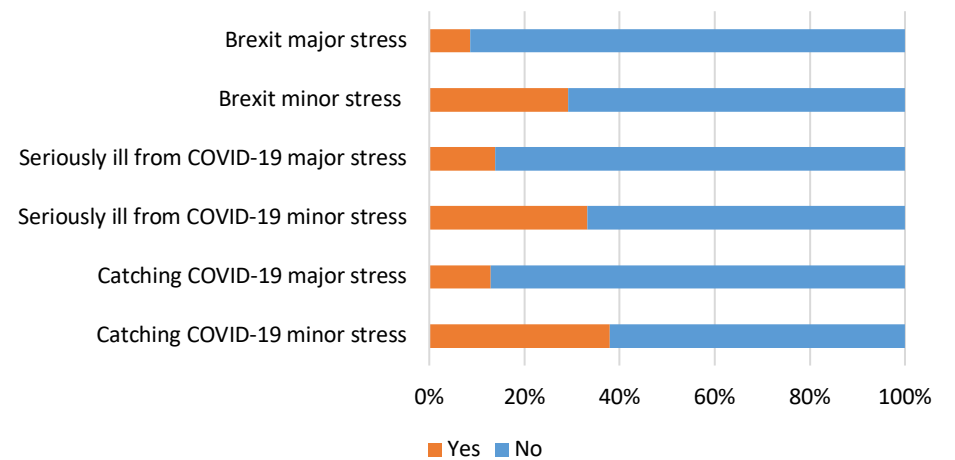


Figure 28i Brexit & COVID-19 stress in Wales

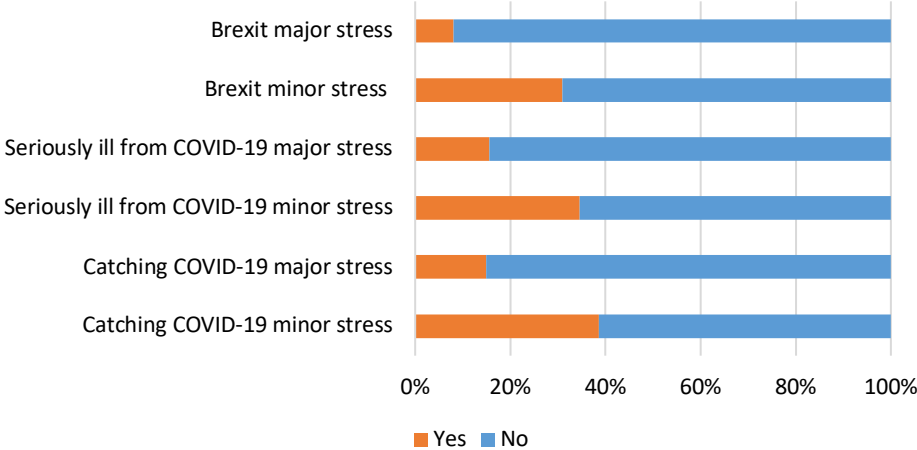
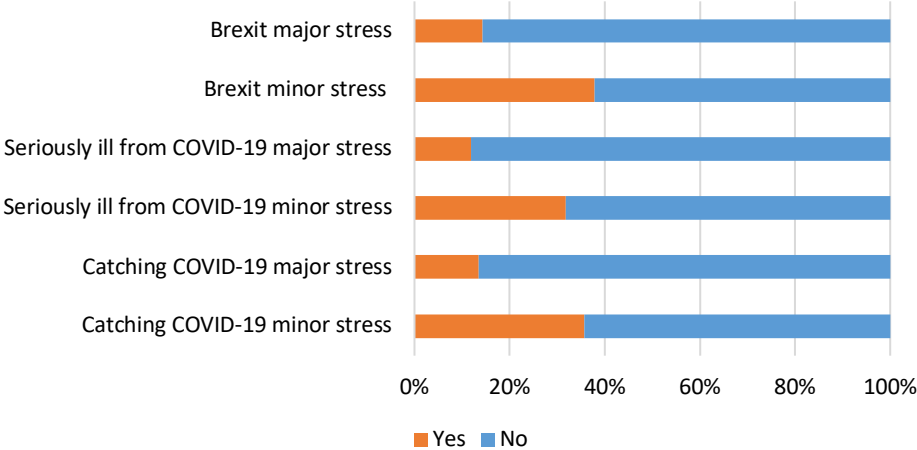


Figure 28j Brexit & COVID-19 stress in Scotland



## Appendix

### Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 70,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21<sup>st</sup> March 2020 to the 07<sup>th</sup> February 2021 (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

The study is focusing specifically on the following questions:

1. What are the psychosocial experiences of people in isolation?
2. How do trajectories of mental health and loneliness change over time for people in isolation?
3. Which groups are at greater risk of experiencing adverse effects of isolation than others?
4. How are individuals' health behaviours being affected?
5. Which activities help to buffer against the potential adverse effects of isolation?

The study has full ethical and data protection approval and is fully GDPR compliant. For further information or to request specific analyses, please contact Dr Daisy Fancourt [d.fancourt@ucl.ac.uk](mailto:d.fancourt@ucl.ac.uk). To participate or to sign up for the newsletter and receive monthly updates on the study findings, visit [www.COVIDSocialStudy.org](http://www.COVIDSocialStudy.org)

### Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; **data are weighted for analyses**)

For full demographics weighted to population proportions, see the User Guide at [www.covidsocialstudy.org/results](http://www.covidsocialstudy.org/results)

	Number of observations	%		Number of observations	%
<b>Age</b>			<b>Education levels</b>		
18-29	49,847	5.83	GCSE or below	120,089	14.1
30-59	470,092	55.0	A-levels of equivalent	147,423	17.3
60+	334,517	39.2	Degree or above	586,944	68.7
<b>Gender</b>			<b>Any diagnosed mental health conditions</b>		
Male	214,455	25.2	No	711,337	83.3
Female	636,597	74.8	Yes	143,119	16.8
<b>Ethnicity</b>			<b>Any diagnosed physical health conditions</b>		
White	812,865	96.0	No	492,120	57.6
Ethnic minority	33,914	3.98	Yes	362,336	42.4
<b>UK nations</b>			<b>Keyworker</b>		
England	690,459	81.6	No	675,998	79.1
Wales	102,884	12.2	Yes	178,458	20.9
Scotland	52,820	6.24	<b>Living with children</b>		
<b>Living arrangement</b>			No (excluding those who live alone)	485,119	71.9
Not living alone	674,946	79.0	Yes	189,827	28.1
Living alone	179,510	21.0	<b>Living area</b>		
<b>Annual household income</b>			Village/hamlet/isolated dwelling	213,602	25.0
>30k	459,239	59.6	City/large town/small town	640,854	75.0
<30k	310,803	40.4			